

Expression of Wish for Lump Sum Death Benefits



Your details

Title:

Surname:

First name(s):

Address:

Postcode:

National Insurance No.:

Employer:

Details of your nominated person(s)

I have read the notes overleaf and request that the Administering Authority for the Cornwall Pension Fund in the exercise of its absolute discretion, considers paying any lump sum death benefit due under the Local Government Pension Scheme (LGPS), to the following individual(s) and/or organisation(s) and (if more than one) in the following shares:

Full name	Address	Proportion of benefit (%)	Relationship to me (if any)
Total		100%	

Data Protection and General Data Protection Regulations (GDPR):

To protect personal information held about you, Cornwall Pension Fund is registered under the Data Protection Act 2018. The Fund may, if it chooses, pass certain details on to a third party, if the third party is carrying out an administrative function of the Fund.

The Fund is under a duty to protect the public funds it administers and may use information for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for those purposes.

A General Data Protection Regulations (GDPR) Full Privacy Notice is available on our website.

Signed:

Date:

Notes on completing the form

- Please complete this form both fully and accurately ensuring that you sign and date the relevant section to enable acceptance of this document by the Administering Authority as a valid expression of wish.
- Under the Rules of the Local Government Pension Scheme (LGPS), the Administering Authority has the discretion to decide to whom any lump sum death benefit will be paid. This discretionary power is necessary to prevent inheritance tax liability on such payments. The benefits will normally be paid to the person(s) nominated; unless the Administering Authority considers that there are special reasons for selecting other beneficiaries.
- No conditions can be imposed on the Expression of wish form as to the use of the benefit once paid, irrespective of what may be stated in your Will.
- You may nominate any person or persons, whether or not they are dependent on you. You may also nominate a body such as an institution or club, whether charitable or not.
- If you nominate more than one person and one of your nominees dies, the benefit payable to that nominee potentially will be divided equally between the remaining nominees.
- The nominees selected on this form will not affect any pension benefits payable to your adult dependant or children after your death, if applicable.
- If you nominate children who are under age 18 and the Administering Authority decides to award the death Benefits to them under Trust then the Administering Authority will not be responsible for the legal costs associated with setting up the Trust.

The completed form should be returned to:

Cornwall Pension Fund
4th Floor South Wing
County Hall
Truro
Cornwall
TR1 3AY

Email: pensions@cornwall.gov.uk
Web: www.cornwallpensionfund.org.uk
Telephone: **(01872) 322322**