

# Expression of Wish Form Nomination Form

Important: this form is not a will. Although the scheme administrators would want to comply with your wishes, they have absolute discretion in deciding where, or to whom, any payment is to be directed.

### Payment of Death Benefits

As a member of the Local Government Pension Scheme (LGPS), you may complete this form in order to express a wish to nominate a dependant or beneficiary who you would like to benefit from any lump-sum payment, under the scheme regulations, as a result of your death. Please complete this form only if you wish to nominate a beneficiary to whom any payments due may be directed following your death. The purpose of making an expression of wish is to assist the City of Wolverhampton Council (the scheme administrators) in deciding to whom any payments may be made. Although the nominated beneficiary would normally be your next of kin, you may nominate any person, charity or organisation of your choice and such requests would be considered by the scheme administrators. The main advantage in making a nomination is that the payment could be made direct to your chosen beneficiary without forming part of your estate (ie, the payment does not count for HM Revenue and Customs' purposes). You can amend/update your nomination at any time by completing another expression of wish form; the Fund recommends an updated form is submitted every two years.

Did you know you can update your nominees along with all of your information by registering to use our Pension Portal? Please visit www.wmpfonline.com/pension-portal for more information.

If you have multiple records, please ensure that an expression of wish form is completed for each record.

#### To the Scheme Administrators

In the event of my death, it is my wish that any lump-sum death benefit available, under the appropriate LGPS regulations, may be paid by the scheme administrators as follows (insert beneficiary details below).

Please state the percentage proportion of benefit you would like to award to your nominee or nominees ensuring that the amount totals to 100%.

## **My Beneficiaries**

Full name		Full name	
Address		Address	
	Relationship to you (if any)		Relationship to you (if any)
	Proportion of benefit (i.e, 100%, 50% 25%):		Proportion of benefit (i.e, 100%, 50% 25%):
Full name		Full name	
Address		Address	
	Relationship to you (if any)		Relationship to you (if any)
	Proportion of benefit (i.e, 100%, 50% 25%):		Proportion of benefit (i.e, 100%, 50% 25%):
Signed		Date	D D M M Y Y Y Y



My Personal Details				
Surname				
First name(s)				
Address				
Email address				
Pension reference no.	National insurance no.			
Date of birth	D D M M Y Y Y			
Employer's name				

Upon completion, return to West Midlands Pension Fund, PO Box 3948, Wolverhampton WV11XP

#### Email www.wmpfonline.com/contactus

By completing this form, you understand that the information given will be collected, processed and stored, in accordance with relevant data protection legislation. The West Midlands Pension Fund (the Fund) as a data controller, employs strict security measures that protect your personal data. Further information on how the Fund manages your personal data is available on our website www.wmpfonline.com/about-us/governance/privacy-notice. The Fund's Data Protection Officer can be contacted via email at wmpfdataprotectionofficer@wolverhampton.gov.uk