



# Death Grant Expression of Wish Form 2015

Please complete in **BLOCK CAPITALS** and ensure that you sign the form.

**Your personal information**



Title  Full Name

Job ref.  NI Number

**In the event of my death, I request that you exercise the discretion granted by the Local Government Pension Scheme (Administration) Regulations 2013 and pay any Death Grant to the person or persons named below.** I understand that this document does not restrict the absolute discretion of the Scheme administrators and also that it may be revised or revoked by me at any time.

I request that the following nominations be used for all my employee assignments *(Please Tick)*

Name  Date of Birth

Address

Postcode

Relationship  Proportion of Benefit  %

Name  Date of Birth

Address

Postcode

Relationship  Proportion of Benefit  %

Name  Date of Birth

Address

Postcode

Relationship  Proportion of Benefit  %

Name  Date of Birth

Address

Postcode

Relationship  Proportion of Benefit  %

The total proportion of benefit must equal 100%. **Please keep these details up-to-date.**

Sign  Date

- Please email a completed and signed copy (along with any supporting documentation) to:  
Pensions@cheshirewestandchester.gov.uk
- Alternatively return to the following address:  
Cheshire Pension Fund, Cheshire West and Chester Council, Council Offices, 4 Civic Way, Ellesmere Port, CH65 0BE