Warwickshire Pension Fund

Expression of Wish Lump Sum Death Grant

PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

Your details

Employer or ex employer

Surname

National Insurance No.

Forename(s)

Date of birth

Address

Daytime phone no.

Pay reference*

* If you are a member of the scheme in more than one job, please show all pay reference numbers. This nomination, unless you specify otherwise, will apply in relation to all your employments.

Who you would like to nominate

Full name

Relationship to member

Address

Post code

Date of birth (not if organisation)

Percentage share %

Full name

Relationship to member

Address

Post code

Date of birth (not if organisation)

Percentage share %

Full name

Relationship to member

Address

Post code

Date of birth (not if organisation)

Percentage share %

Full name

Relationship to member

Address

Post code

Date of birth (not if organisation)

Percentage share %

Declaration: **I hereby declare that I wish the County Council to pay any lump sum death benefit resulting from my death to whoever I have named above. I understand that the County Council, whilst not bound by this election, will take all possible steps to make payment in accordance with my wishes. I understand that this nomination cancels and replaces any previous nomination made by me.**

Your signature

Date

WARWICKSHIRE PENSION FUND

Warwickshire County Council

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