

# Warwickshire Pension Fund

## Expression of Wish

PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

### Your details

Employer or  
ex employer

Surname

National  
Insurance No.

Forename(s)

Date of birth

Address

Daytime

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 Warwickshire Pension Fund to pay any lump sum death benefit resulting from my death to whoever I have named above. I understand that Warwickshire Pension Fund, 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.

**\*PLEASE NOTE:** This information will be retained for the purposes of any benefit entitlement payable. Please refer to our Privacy Policy available on our website for more information on how we hold your data - [www.warwickshire.gov.uk/pensions](http://www.warwickshire.gov.uk/pensions)

Your signature

Date