

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 paid.

PAYMENT OF DEATH BENEFITS

As a member of the local government pension scheme you may complete this form in order to name 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 name a beneficiary to whom any payments due may be directed following your death. The purpose of a making an expression of wish is to assist the London Borough of Southwark in deciding to whom any payments can be made.

Although the named beneficiary would normally be your next of kin, you may name any person or organisation of your choice and such requests would be considered by the Scheme Administrators. The main advantage in making a expression of wish 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 Inland Revenue purposes). You can amend/update your expression of wish at any time by completing another expression of wish form.

To London Borough of Southwark

In the event of my death it is my wish that any lump sum death benefit available under the appropriate Local Government Pension Scheme Regulations may be paid as follows (please use **BLOCK CAPITALS**) – you can name as many beneficiaries as you want, if there are not enough spaces on this form please ask for another one.

PLEASE ENSURE YOU SIGN AND DATE THE FORM AND ARRANGE FOR IT TO BE WITNESSED BY A PERSON NOT NAMED AS A BENEFICIARY OR RELATED TO YOU BY BLOOD OR MARRIAGE.

YOUR PERSONAL DETAILS

<input type="text" value="Surname"/> <input type="text" value="First Names"/> <input type="text" value="Date of Birth"/> <input type="text" value="National Insurance Number"/>	<input type="text" value="Address"/> <input type="text" value="Post Code"/>
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YOUR BENEFICIARIES DETAILS

<input type="text" value="Full Name"/> <input type="text" value="Address"/> <input type="text" value="Post Code"/> <input type="text" value="Relationship or Dependency"/> <input type="text" value="Date of Birth"/> <input type="text" value="Proportion of Benefits*"/>	<input type="text" value="Full Name"/> <input type="text" value="Address"/> <input type="text" value="Post Code"/> <input type="text" value="Relationship or Dependency"/> <input type="text" value="Date of Birth"/> <input type="text" value="Proportion of Benefits*"/>
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*i.e. percentage

<input type="text" value="Full Name"/> <input type="text" value="Address"/> <input type="text" value="Post Code"/> <input type="text" value="Relationship or Dependency"/> <input type="text" value="Date of Birth"/> <input type="text" value="Proportion of Benefits*"/>	<input type="text" value="Full Name"/> <input type="text" value="Address"/> <input type="text" value="Post Code"/> <input type="text" value="Relationship or Dependency"/> <input type="text" value="Date of Birth"/> <input type="text" value="Proportion of Benefits*"/>
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*i.e. percentage

YOUR SIGNATURE	DATE SIGNED BY YOU
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WITNESSED BY

<input type="text" value="Surname"/> <input type="text" value="First Name(s)"/> WITNESS'S SIGNATURE DATE WITNESSED	Witness 's Address <input type="text" value="Post Code"/>
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