

Expression of Wishes Form: Local Government Pension Scheme

In the event of my death it is my wish that the payment of any death grant due under the LGPS Regulations is made to the following nominees. I understand that this nomination will remain in force unless I make a subsequent nomination or revocation.

Personal Details

Surname First Name

Address

Nominee Details (1)

Surname First Name

Relationship to you Address

Percentage to be paid %

Nominee Details (2)

Surname First Name

Relationship to you Address

Percentage to be paid %

Nominee Details (3)

Surname First Name

Relationship to you Address

Percentage to be paid %

(Please make sure the total percentage equals 100%)

Please tick if you have attached another form to make more than 3 nominations

Your Signature Date

Witness (I declare that this form has been signed in my presence)

Surname Address

First Name

Signature Date

Note: The Royal Borough of Greenwich retains absolute discretion as to whom the death grant is paid but refers to your wishes expressed above.