



**Staffordshire
Pension Fund**
Local Government Pension Scheme

NOMINATION OF BENEFICIARY FOR LUMP SUM DEATH GRANT

First read the explanatory notes in the leaflet "What is Payable in the Event of my Death" (available online at <https://www.staffspf.org.uk/Members/Forms/Nominate-Beneficiary.aspx>). Then, if you wish to proceed, complete this form in BLOCK CAPITALS and send to –

**Pension Services Section, Staffordshire County Council,
2 Staffordshire Place, Tipping Street, Stafford ST16 2DH**

Acknowledgement of receipt of this form will be sent to your home address unless you give alternative instructions.

YOUR DETAILS

Surname Mr/Mrs/Miss/Ms

Forenames

Date of birth

Home address

NOMINATED BENEFICIARY

Full name of beneficiary

Date of birth (if under age 18 at date of nomination)

Address

Proportion of death grant to be paid to this beneficiary % of 100%

If you wish to nominate additional beneficiaries please continue details overleaf

DECLARATION

I have read the notes "What is Payable in the Event of my Death". I wish to nominate the beneficiary or beneficiaries as shown above and overleaf to receive, in the proportions shown, any lump sum death grant payable under the Local Government Pension Scheme upon my death.

I understand that this nomination revokes any earlier nomination made by me.

I further understand that the Staffordshire County Council as the Pension Fund administering authority may, without being bound in any way to do so, have regard to this nomination but, under the above Regulations, have absolute discretion as to the recipient(s) of any death grant and as to the proportions payable.

Signed

Date

NOMINATED BENEFICIARY OR BENEFICIARIES (CONTINUED)

Full name of beneficiary

Date of birth (if under age 18 at date of nomination)

Address

Proportion of death grant to be paid to this beneficiary % of 100%

Full name of beneficiary

Date of birth (if under age 18 at date of nomination)

Address

Proportion of death grant to be paid to this beneficiary % of 100%

Full name of beneficiary

Date of birth (if under age 18 at date of nomination)

Address

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Address

Proportion of death grant to be paid to this beneficiary % of 100%