

Nomination Form



Please complete this form if you wish to make an expression of wish for your lump sum death grant and/or would like to tell us about your co-habiting partner who may be eligible to receive a survivors' pension in the event of your death.

Please use **BLOCK CAPITALS** to complete the form.

YOUR DETAILS

Employer	<input type="text"/>	Date of Birth	<input type="text"/>
Full Name	<input type="text"/>	Daytime Phone No.	<input type="text"/>
Address	<input type="text"/>	E-Mail Address	<input type="text"/>
	<input type="text"/>		
	Postcode		

WHO WOULD YOU LIKE TO NOMINATE FOR YOUR DEATH GRANT (Nominations will apply to all employments)

Full Name	<input type="text"/>	Full Name	<input type="text"/>	
Relationship	<input type="text"/>	Relationship	<input type="text"/>	
Date of Birth	<input type="text"/>	Share	<input type="text"/>	%
Full Name	<input type="text"/>	Full Name	<input type="text"/>	
Relationship	<input type="text"/>	Relationship	<input type="text"/>	
Date of Birth	<input type="text"/>	Share	<input type="text"/>	%

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 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	<input type="text"/>	Date	<input type="text"/>
Witness Name	<input type="text"/>	Witness Signature	<input type="text"/>
Witness Address	<input type="text"/>		

Please note: the witness must **not** be one of the nominated beneficiaries.

WOULD YOU LIKE TO TELL US ABOUT YOUR CO-HABITING PARTNER (Please complete their details below)

Title	<input type="text"/>	Full Name	<input type="text"/>
Date of Birth	<input type="text"/>		

DECLARATION

We have read and understood the explanatory notes regarding eligibility for co-habiting partner status. Please tick this box to confirm

Members' Signature	<input type="text"/>	Date	<input type="text"/>
Partners' Signature	<input type="text"/>	Date	<input type="text"/>

Please return Via e-mail to: Askpensions@localpensionspartnership.org.uk

Alternatively post to: **Your Pension Service**