

TEESSIDE PENSION FUND



Lump Sum Death Grant – Expression of Wish Form

Telephone number for enquiries 01642 727777

email: pensionsunit@mouchel.com

web site: www.teespen.org.uk



Administered on behalf of Middlesbrough Council by
Mouchel Pensions Unit, PO Box 340, Middlesbrough, TS1 2XP

Notes on completing Lump Sum Death Grant – Expression of Wish Form

Any lump sum payable in the event of your death may be paid to your legal personal representatives, a nominated beneficiary or distributed at the discretion of Middlesbrough Council, the administrators of the Teesside Pension Fund.

This form may be used to inform Middlesbrough Council of your wishes with regard to the payment of any cash sum arising in the event of your death and, although Middlesbrough Council is not bound by the contents of the nomination form, we will endeavour to honour to your wishes.

The main advantage of completing this form is that if payment is made to your nominated beneficiaries, the payment will not form part of your estate and will therefore not count towards inheritance tax. Also, by completing this form, payment of any death grant can be made without Middlesbrough Borough Council requiring sight of legal documents.

Once you have completed your expression of wish form it is vital that you keep it up to date as certain life events (marriage, divorce etc) may result in you wanting to change your wishes. Middlesbrough Council will only act on the most up to date form therefore if you wish to add or remove a beneficiary, you must complete a new form.

By completing the form you are requesting that Middlesbrough Council consider making payments of any cash sum due from the Teesside Pension Fund in accordance with your wishes as indicated overleaf.

Although you are under no obligation to state your relationship with the person(s) you nominate, providing this information will help Middlesbrough Council when exercising their discretion.

Please ensure that your form is witnessed by a person aged 18 years or over, who is not a member of your family and is not one of your beneficiaries.

If you require any further information, please contact the Pensions Unit on:

01642 727777

IDENTIFICATION DETAILS

Title First Name(s) Surname

Employer Job Title

Address

Postcode

NI Number

Personal Details – Nomination 1**Proportion % (a)**

Title First Name(s) Surname

Address

Postcode

Date of Birth / / Relationship

Personal Details – Nomination 2**Proportion % (b)**

Title First Name(s) Surname

Address

Postcode

Date of Birth / / Relationship

Personal Details – Nomination 3**Proportion % (c)**

Title First Name(s) Surname

Address

Postcode

Date of Birth / / Relationship

Proportion % (a) +(b) + (c) must total 100%**If additional nominations are required enter the details on a separate sheet****Declaration – This section must be completed in full**

Signed: (Nominator) Date / /

Witnessed by: (Signature)* Date / /

Witness Details – *(Witness must be aged 18 years or over and cannot be a family member or Nominee)

Title First Name(s) Surname

Address

Postcode