

## **Death Grant Expression of Wish Details**

(For members contributing on or after 1 April 2008)

### Please read the following notes carefully before completion.

- A death grant is automatically payable:
  - if you die whilst an active member of the Local Government Pension Scheme (LGPS)
  - if you have a deferred benefit in the Rhondda Cynon Taf Pension Fund
  - if you die within 10 years of receiving your pension from the Rhondda Cynon Taf Pension Fund and you are under age 75 at the date of death.
- The level of death grant payable is:
  - 3 x annual pensionable pay in respect of an active member of the LGPS
  - 5 x accrued pension plus accumulative pensions increase in respect of a deferred member
  - 10 x annual pension less any payments already made in respect of a pensioner member under the age of 75.
- As an active member, if you work part time, your death grant will be calculated according to your actual
  pensionable pay, as opposed to your notional full time equivalent.
- You can express a wish to propose one or more individuals, or an institution, to receive the death grant payable in the event of your death. In the absence of a valid Expression of Wish Form, the payment will be made to your personal representative i.e. your Estate.
- If you wish to nominate a 'Minor', please note that any payment in respect of this nominee will be made to a trust fund.
- The advantage of making an Expression of Wish is that the death grant will be paid quickly, without having to wait possibly several weeks for your Estate to be settled. Another advantage is that the payment will not form part of your Estate, therefore avoiding any liability to Inheritance Tax.
- You are advised to retain a copy of the Expression of Wish form, together with these notes, and keep in a safe place for your records. Whilst the Administering Authority must, under Pensions Law, retain the right to override any expression of wish, the purpose of this form is to help you make appropriate financial plans in case of premature death.
- You can revise your expression of wish at any time by completing another form, which will revoke any previous
  expression of wish. If you do wish to amend any previous expression of wish, please contact the Pension Fund at
  the address given below.
- This form is ONLY applicable for the payment of a Death Grant, and has no relevance to the payment of a survivor's pension in the event of your death.
- Please note that the Rhondda Cynon Taf Pension Fund is NOT legally bound by this form, because in order for the
  tax advantages to apply, it must retain absolute discretion with regard the allocation of your death grant
  payment.
- You cannot state who the next in line would be if the original nominated beneficiary dies before you. In this case, you should complete a new Death Grant Expression of Wish form.
- If you have any queries or need further details, please contact the Pensions Helpdesk on 01443 680611or via email at pensions@rctcbc.gov.uk



# **Death Grant Expression of Wish Details**

#### **Your Personal Details**

Name:				
National Insurance No:	Date of Birth:			
Home Address:				
		Post Co	de:	
Personal Details – Benefic	ciary 1			Proportion
Name:				%
Date of Birth:	Relation	onship:		
Address:				
		Post Co	ode:	
Personal Details – Beneficiary 2			Proportion	
Name:				%
Date of Birth:	Relation	Relationship:		
Address:				
		Post Co	ode:	
Personal Details – Beneficiary 3			Proportion	
Name:				%
Date of Birth:	Relation	Relationship:		
Address:				
Post Code:		ode:		

If there is more than one proposed beneficiary, please ensure that the percentage totals 100% If more space is needed, please enter the details on a separate sheet.

### **Declaration**

I have read the notes overleaf. I request that Rhondda Cynon Taf County Council (the Administering Authority for the Rhondda Cynon Taf Pension Fund) in the exercise of its absolute discretion, consider paying any lump sum death benefit due under the Local Government Pension Scheme to the above individual(s) and/or institution(s) and (if more than one) split according to my expression of wish.

Signature:	Date:	
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Please Return to: RCT Pensions Section, Rhondda Cynon Taf CBC, Bronwydd House, Bronwydd, Porth, CF39 9DL