



Death Grant Nomination Form

For members of the Local Government Pension Scheme

Please print in **BLOCK** capitals using **BLACK** ink

Member Details

Surname		Mr/Mrs/Miss/ Ms or Other	
Forename(s)		Partnership Status	
N.I. Number		Date of birth	
Home Address			
		Post Code	
Employer or former employer			
Email		Telephone number	

In the event of my death, I nominate the following individual(s) or organisations(s) to receive any death grant payable and, if more than one, in the following shares.

Details

	Name and Address	Relationship	Date of Birth	Share of Grant (%)
1st				
2nd				
3rd				
4th				
				TOTAL = 100%

I understand that: (1) the death grant is payable at the absolute discretion of the administering authority and does not form part of my estate; and (2) a significant change in circumstances (e.g. a future marriage/civil partnership/divorce) may make this form void. If there is a significant change in my circumstances, I should complete a new form to change or confirm my wishes.

Member's Signature	Date	
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Please send the completed form to: **Strathclyde Pension Fund Office, P. O. Box 27001, Glasgow G2 9EW**
We will confirm by letter that we have registered your nomination.