



**Nottinghamshire  
County Council**

**Local Government Pension Scheme  
PEN 9: Death Grant Nomination Form**



# Nomination of beneficiary to receive any Death Grant

## Explanatory Notes

As a member of the Local Government Pension Scheme (LGPS), you can nominate who or where you would like your Death Grant to be paid.

The following groups would have a Death Grant payable on their death:-

- All current members of the LGPS
- All members of the LGPS with Deferred Benefits
- Some pensioner members.

It is important to understand that the Nottinghamshire County Council has absolute discretion as to the recipient or recipients of any Death Grant. The Council will do everything in its power to follow your wishes, but there may be times where this is not possible (for example where a beneficiary cannot be traced or they have died). Also the Council may consider that the nomination is invalid (for example where your personal circumstances have altered significantly since the date of your nomination).

You can change your nomination at any time. In fact, this is something you should do if your personal circumstances change. A new form can be obtained from the Notts LG Pensions Office. If you want to cancel your nomination completely you may do so by writing to the Notts LG Pensions Office. Your letter of cancellation should contain the name, address and signature of a witness, as well as that of your own.

You can nominate one or more people, no matter what their relationship is to you. You can even nominate an organisation, for example your favourite charity. If you are not sure or simply want to find out more, please contact the Notts LG Pensions Office who will be happy to help.

When completed, this form should be posted to the address shown below.

Acknowledgement of the safe receipt of your nomination form will be sent to you.

This information can be made available upon request in alternative formats and languages.



T 0115 846 3333

E [Igpensions@nottsc.gov.uk](mailto:Igpensions@nottsc.gov.uk)

F 0115 846 3300

W [www.nottspf.org.uk](http://www.nottspf.org.uk)

Notts LG Pensions Office, Business Support Centre, Nottinghamshire County Council,  
c/o County Hall, West Bridgford, Nottingham NG2 7QP

# Death Grant Nomination Form

**PEN 9**

## Your Details

Surname  Forename(s)  Mr/Mrs/Miss/Ms/Dr

Date of birth  National insurance no.

Address  Post code

## Who you would like to nominate:-

If you would like to nominate more than two people or organisations, please continue overleaf, which must also bear the date and your and your witness' signature.

I wish to make  nomination(s) *(please insert number)*.

(1) Full Name	<input type="text"/>	(2) Full Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Percentage Share	<input type="text"/> %	Percentage Share	<input type="text"/> %

**The following must be completed in all instances.**

## Declaration:-

I wish the Nottinghamshire County Council, in the exercise of its absolute discretion, to consider paying any Death Grant due under the Local Government Pension Scheme to the nominee or nominees I have shown and in the percentage shares indicated.

Signature:  Date:

**Witnessed by** *(the witness must NOT be one of the nominees)*

Name of witness

Address of witness  Post code

Signature of witness:  Date:

- Please check**
- your own and your nominees' details are correct and clearly written;
  - the percentage shares add up to 100%;
  - you have signed and dated the form; and
  - it has been signed by a witness other than a nominee.

**Only to be completed where more than two nominations are required:**

(3) Full Name

Address

Date of Birth

Relationship

Percentage Share  %

(4) Full Name

Address

Date of Birth

Relationship

Percentage Share  %

(5) Full Name

Address

Date of Birth

Relationship

Percentage Share  %

(6) Full Name

Address

Date of Birth

Relationship

Percentage Share  %

**Declaration:-**

I wish the Nottinghamshire County Council, in the exercise of its absolute discretion, to consider paying any Death Grant due under the Local Government Pension Scheme to the nominee or nominees I have shown and in the percentage shares indicated.

Name of member:

Signature:

Date:

**Witnessed by** *(the witness must NOT be one of the nominees)*

Name of witness:

Signature of witness:

Date: