

The Local Government Superannuation Scheme 2012

Expression of Wish

Please complete in Blank Ink and in Capital Letters to:

SCHEME EMPLOYER NAME	
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Surname:	Forename(s):
Date of Birth:	N.I. No:
Department/Former Department:	Employee No.

I am a:

Paying member

Deferred benefit

Pensioner

Pension credit member

Pensioner Member with Deferred Benefits¹*(Tick as appropriate)*

When the Pensions Committee is deciding who should receive any lump sum death grant which may become payable from the Isle of Man Local Government Superannuation Scheme it should be aware that I wish it to be paid to the following person(s) / organisation(s) in the proportions shown.

Full Name and Address	Relationship to you (if any)
	Proportion of Total
Post Code	
Full Name and Address	Relationship to you (if any)
	Proportion of Total
Post Code	
Full Name and Address of chosen charity	Charity Registration Number
	Proportion of Total
Post Code	

If you wish the death grant to be shared between more than two persons/organisations please provide the appropriate details on a separate sheet of paper attached to this form. I understand and accept that:

- I can revoke or revise this Expression of Wish Form at any time by completing and forwarding another form to my Human Resource Office; and
- A completed Expression of Wish Form is not binding on the Pension Fund.
- I have read and understood the Data Protection notice displayed in point 1 of the attached notes for completion.

SIGNED:

DATE:

¹ Former recipients of Tier 3 Ill health pensions which are currently suspended.

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SCHEME EMPLOYER CERTIFICATION	
Signature:	
Print Name:	
Print Job Title:	
Date of Certification:	

NOTES TO BE READ BEFORE COMPLETING THE EXPRESSION OF WISH FORM

- The Data Protection Act 1998** – The information provided by you will be processed by the Isle of Man Local Government Superannuation Scheme for purposes only associated with the Local Government Superannuation Scheme. This may include processing and /or disclosures in connection with the following:

 - sensitive personal data (e.g. details about your health and personal relationships);
 - the assessment of entitlement to benefits under the scheme;
 - the calculation of those benefits;
 - the administration of the scheme and the payment of benefits;
 - providing you with information on changes to the schemes administration and benefits

We may pass the information on to our agents/representatives to do these things on our behalf.
- Although your expression of wish is not binding on the Pension Fund, the Pension Fund will normally carry out wishes in deciding who should be paid your Death Grant. Payment can then be made without delay.**
- You may name anyone, whether or not they are a relative or a dependant, as a beneficiary to receive all or part of your Death Grant. You can also nominate a registered charity. If you fail to complete and return the form the Pension Fund can decide to pay the Death Grant, in whatever proportion it considers appropriate, to your spouse/civil partner/NCP, any eligible children, relatives (including a former spouse/civil partner/NCP) or to your estate.
- If you do not want the Death Grant to be shared equally between your named beneficiaries, you should enter the proportions to be paid on the Form, e.g. $\frac{1}{4}$, $\frac{1}{2}$, etc. Should you wish the Death Grant to be shared amongst more than two beneficiaries please give similar details to those requested overleaf on a separate sheet of paper. In the event that the proportions entered do not add up to the full amount of the Death Grant, the difference may be paid to your estate.
- If you want the Pension Fund to pay part or your entire Death Grant to your estate, please write To my estate² under "Name(s)" overleaf, and also the proportion if it is not the full amount.
- As your preferred beneficiary might die **before** your Death Grant becomes payable, you may want to name another person or persons to whom you would like the Administering Authority to pay the Death Grant should this unfortunate situation arise. If you wish to do this, please enter the relevant details overleaf or on a separate sheet of paper indicating clearly your order of preference.

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7. If your circumstances alter, or you change your mind about who should receive your Death Grant, ask your Scheme Employer / former Scheme Employer or Capita for another Expression of Wish Form ***immediately***. When your Scheme Employer and Capita receive the newly completed form, the earlier one will automatically be cancelled.
8. If your personal circumstances change (e.g. marriage, divorce, legal separation) you will need to complete a further Expression of Wish Form in order to ensure your wishes are complied with in the event of your death.
9. If you want any further details about these arrangements, please contact the Isle of Man Local Government Superannuation Scheme team at Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL. Tel: 0114 273 7331, Fax: 0114 2750998
10. Your completed Expression of Wish Form should be forwarded *without* delay to: Isle of Man Local Government Superannuation Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL

REMEMBER - It is your responsibility to keep your Expression of Wish Form up to date. Please keep a copy in a safe place for future reference