

This form enables you to nominate any person, persons or organisation that you would like to benefit from any lump sum payment that may become payable following your death, as a result of your membership of the Local Government Pension Scheme.

Completing this form will assist the Council in

deciding whom to make payments to and enable them to make payment without waiting for Letters of Administration or Grant of Probate to be issued.

The Scheme administrators will try to comply with your wishes where possible, but they have absolute discretion in deciding where or to

whom any payments should be made. You can change your nomination at any time simply by completing another nomination form.

This form should also be signed by a witness in the section provided. The witness should not be either one of the named beneficiaries or a relative.

Your Details

Surname	<input type="text"/>	Title (Mr, Mrs, Miss, Ms)	<input type="text"/>
First Name(s)	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Pay Number	<input type="text"/>
<input type="text"/>		NI Number	<input type="text"/>
<input type="text"/>	Post Code	Telephone	<input type="text"/>
		Place of work	<input type="text"/>

Witness Statement

I declare that this form was signed in my presence by the person named above.

Surname	<input type="text"/>	Signed	<input type="text"/>
First Name(s)	<input type="text"/>		
Address	<input type="text"/>		
<input type="text"/>		Date	<input type="text"/>
<input type="text"/>	Post Code		

Nomination form April 2008

In the event of my death, it is my wish that any lump sum death benefits, payable as a result of my membership of the Local Government Pension Scheme, may be paid as follows:

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proportion of Benefits	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

This nomination supercedes any previous nomination signed by me

Signed

Date

When completed, this form should be returned to the:

**London Borough of Tower Hamlets
Pensions Section,
Anchorage House,
2 Clove Crescent,
London E14 2BE**

Telephone **020 7364 4251**
Fax **020 7364 4593**
Email **pensions@towerhamlets.gov.uk**