

Nomination of Death Grant beneficiary

Full Name.....

Address.....

.....

N I Number.....Date of Birth.....

I hereby give notice that the Death Grant which may be paid under the Local Government Pension Scheme Regulations should be paid to the beneficiaries whose details are given below.

I revoke any former nominations made by me.

I nominate.....(Full name of person or organisation)

of.....(address)

* and(Full name of person or organisation)

of.....(address)

* and(Full name of person or organisation)

of.....(address)

* Please delete if you only wish to nominate one person or organisation

If you have nominated more than one person or organisation, the Isle of Wight Council will divide any payment equally between the nominees unless you specify below how you wish any payment to be divided.

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I understand that :-

- (i) This notice may be cancelled, or varied, in writing at any time.
- (ii) The pension scheme administrators may disregard this notice in certain circumstances as set out in the regulations.

Signature of Scheme Member.....Date.....

Please return the completed form to :

The Pensions Office
Corporate Services
Room 208
County Hall
NEWPORT
Isle of Wight
PO30 1UD