

What is a Death Grant?

Being a member of the LGPS can, in certain circumstances, provide a lump sum payment in the event of your death. The exact amount of the death grant will depend on your personal circumstances, including whether you have other LGPS records nationally. In certain circumstances an AVC fund may be included if you began that arrangement after 31 March 2014 and a value remained in the account.

The Oxfordshire Pension Fund (OPF), has absolute discretion in paying the death grant. However, by completing this form you will be informing the Scheme Manager of your expression of where you would like it paid.

You can cancel or change your expression at anytime in writing and the OPF will respect your wishes as far as possible, but has the final decision about payment of the Death Grant.

We will ask for full details of all pension records within the LGPS before making a final decision about payment.

This form should be completed by you, the scheme member.

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

Pension Services, Oxfordshire Pension Fund
4640 Kingsgate, Cascade Way
Oxford Business Park South
Oxford OX4 2SU

Important

- ***Please keep a copy of this form for your records***
- ***Nothing in this leaflet can override entitlement under the Local Government Pension Scheme Regulations***
- ***This form is not to declare a co-habiting partner for a partner's pension. For more information about eligibility for survivor's pensions, please contact Pension Services.***

Data Protection

The OPF will record the information requested in this form about you and use it to help services, monitoring and administrative functions. Where it is relevant we may share this information with other agencies and organisations.

For more information about LGPS see
www.oxfordshire.gov.uk/pensions
and the members' national website
www.lgpsmember.org

A large print version of this publication can be made available on request. Versions in other languages are also available



OXFORDSHIRE PENSION FUND

DEATH GRANT EXPRESSION OF WISH DIRECTION



Please complete in **BLOCK CAPITALS**

(MEMBER DETAILS) YOUR FULL NAME:	TITLE:
HOME ADDRESS:	
POST CODE:	
NATIONAL INSURANCE NUMBER:	
<p><i>Unless you tell us otherwise, the expression you give below will be used on all your pension records.</i></p> <p><i>If you only want this expression to be linked to a particular employment or pension record, please tick this box and give full details of the pension record or particular employment you want it linked to:</i></p> <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> </div>	

If I die, I wish the Oxfordshire Pension Fund to consider paying my death grant to these people or organisations.

FULL NAME OF BENEFICIARY	DATE OF BIRTH OF BENEFICIARY	RELATIONSHIP	ADDRESS	SHARE (%) OF GRANT TO BE PAID

Total share must equal 100% for this form to be valid. *remember to keep a copy for your own records.*

If you would like an acknowledgement to this form, tick this box

SIGNED:	DATE:
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