



The Local Government Pension Scheme

Nomination Form

Please use **BLOCK CAPITALS**:

YOUR DETAILS

National Insurance No:

Employer: _____

Surname: _____

First Name(s): _____

Address: _____

Post Code:

I understand that in the event of my death the pensions administering authority has complete discretion as to whom any death gratuity payable under the Local Government Scheme may be paid. However, it is my wish that any such payment should be made as follows:

YOUR NOMINATED PERSON(S) DETAILS

Full Name(s)	Address(es) including Postcode	Relationship	% of death gratuity
Total Must be 100%			

I understand that the above indication of my wishes will be considered by the administering authority when it exercises its discretion under the Local Government Pension Scheme Regulations, but that these wishes are not binding on the administrator.

Member's Signature _____

Date _____

Please return to: Shetland Islands Council, Finance - Pensions, 8 North Ness Business Park, Lerwick, ZE1 0LZ