

# The Local Government Pension Scheme

## Tyne and Wear Pension Fund

Administered by South Tyneside Council

### Death Grant Nomination Form

---

Please complete in **black ink** using CAPITAL LETTERS

Your Full Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Your NI Number \_\_\_\_\_ Contact Tel No \_\_\_\_\_

#### Nominee\*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth if under 16 \_\_\_\_\_

Specify % of death grant \_\_\_\_\_

\*Please continue on the next page, if necessary

---

#### Your Personal Information and Data Protection

South Tyneside Council (as the administrator for the Tyne and Wear Pension Fund) is responsible for protecting the public funds it manages. To do this we may use the information you give us or the information we hold about you to detect and prevent crime or fraud. We may also share this information with other organisations that inspect and manage public funds. For the purposes of the Data Protection Act 1998, South Tyneside Council (as the administrator for the Tyne and Wear Pension Fund) is the data controller. We will ensure we keep all information safe and secure. If you would like to know more about what information we hold about you, or the way we use your information please either, view the Council's website at [www.southtyneside.info](http://www.southtyneside.info), contact **The Pensions Helpline** on **0191 424 4141** or please write to the Records Management Team, Town Hall and Civic Offices, Westoe Road, South Shields, Tyne and Wear, NE33 2RL.

However, be assured that we will never give details of your nomination to our advisors, companies we use to help us run the pension scheme, or other public agencies under the National Fraud Initiative (NFI).

Please tick this box if you have added any information to the next page of this form.

I nominate the person(s) specified to receive my death grant in the event of my death. Although best efforts will be made to comply with these wishes, I understand that the Fund has discretion in making this payment. I understand that this nomination replaces any previous nominations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form(s) to: Tyne and Wear Pension Fund, P.O.Box 143, Hebburn, NE31 2WT

**Additional Nominee(s):**

Your Full Name: \_\_\_\_\_

Your NI Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth if under 16 \_\_\_\_\_

Specify % of death grant \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth if under 16 \_\_\_\_\_

Specify % of death grant \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth if under 16 \_\_\_\_\_

Specify % of death grant \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth if under 16 \_\_\_\_\_

Specify % of death grant \_\_\_\_\_

**NB - This nomination replaces any previous declarations.**

Please return completed form(s) to: Tyne and Wear Pension Fund, P.O.Box 143, Hebburn, NE31 2WT