

Previous LGPS, public sector & other pensions

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

It is important that the Clwyd Pension Fund knows about any pension history you have. This is because it may affect how your pension is dealt with in the future. Please use this form to tell us about all previous pension membership that you have with any public sector or other pension schemes.

Local Government Pension Scheme Cronfa Bensiynau

Member Details:								
Full Name:								
NI Number:				Date of Birtl	h:			
Address:								
				Postcode:				
Email Address:				Telephone N	No:			
Language Preference: your choice)	I wish to rece	ve ALL future co	orresponde	nce in (Please	√ the box	relevant t	o you	to show
Welsh		Englis	h			Biling	ual	
Communications Prefershow your choice) (Ple			uture corre	spondence in	(Please √ t	he box re	levant	to you to
*Please make sure you Self-Service to receive https://mss.clwydpen I do not have any previous Previous LGPS, public sectors	corresponder sionfund.org.	ce electronically uk Sector pension be	y:	se ✓ if relevan	Pape t to you):	er		
Name of Previous Pension Administrator:		ence / Plan	Start Dat Contribu (dd/mm,		Co	nd Date of ontribution d/mm/yy	ns	ng
If you have previous Clube in touch shortly to le	-		=	r LGPS membe	ership in a (different	LGPS 1	fund, we wil
Your signature:					Date:			

Additional voluntary contributions (AVCs)

Have you ever paid AVCs before?	Yes		No	
Name of AVC Provider:		,		
Address of AVC Provider:				
	·	Postcode:		
Are you interested in transferring this AV into the Clwyd Pension Fund?	VC Yes		No	
If you have an LGPS AVC and wish to trans www.mandg.com/pru/workplace-pensio to set up your new AVC fund.	•			all 0345 600 0343
Your signature:		С	Pate:	

Notes on Death Grant Expression of Wish

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

Please read these guidance notes carefully before completing the form.

The amount of death grant payable depends on what type of member you are in the LGPS. You must also die under the age of 75 for a death grant to possibly be payable:

If you die in service and	The death grant will be three times your assumed pensionable pay.				
are still paying LGPS	(If you work part-time or term-time, the death grant will be worked out based on your				
contributions	actual pensionable pay rather than your full-time equivalent pay).				
	Stopped paying pension contributions on or before 31st March 2008	Stopped paying pension contributions on or after 1st April 2008			
If you leave before retirement with deferred benefits and you die before receiving them	The death grant will be three times your deferred annual pension value plus cost of living increase.	The death grant will be five times your deferred annual pension value plus cost of living increase.			
If you die when you are receiving your pension	The death grant will be five times your annual pension amount less any payments you had already received. (If you stopped paying LGPS contributions before 1st April 1998, these older LGPS rules are more complex. We can give you an estimate of the death grant on request).	The death grant will be 10 times the amount of your annual pension before you gave up any pension for lump sum, less the pension and lump sum you had already received. This is worked out slightly differently for any part of your pension you built up before 1st April 2014.			

- Any death grant must take into account if you have any other pensions in other LGPS funds. We will check with the other LGPS funds in England and Wales to see if you have any membership with them. The grant payable will then be the higher of:
 - The death grant from your deferred or pensioner accounts; or
 - The death-in-service grant.
- Your death grant beneficiaries can be one or more family members, friends, or charities. If there is more than one proposed beneficiary, please make sure that each beneficiary's share adds up to 100% in total.
- If more space is needed for more than three beneficiaries, please confirm their details on a separate sheet (please also sign and date the separate sheet).
- You can update your expression of wish(es) at any time by completing another form.
- You can't nominate who would be next in line if your original nominated beneficiary dies before you. In this case, you should complete a new expression of wish form.
- If you do not complete an expression of wish form, the payment will be made to your personal representative, for example, your Estate.
- The advantage of making an expression of wish is that the death grant will be paid quickly, without having to wait for your Estate to be settled. The death grant will not form part of your Estate, therefore avoiding any liability to inheritance tax.
- HM Revenue & Customs states that, to avoid tax charges, payment of the death grant needs to be made within two years of the LGPS fund being told of the death. Your next of kin should tell us of your death and complete all forms as soon as possible, so that the death grant is paid within this two year timeframe.
- You should keep a copy of your completed expression of wish form and these notes and file them in a safe place for your records.
- This form is for the death grant payment only. You can't make a nomination for the survivor's pension.
- Please note that by law, the Clwyd Pension Fund has discretion about who should receive the death grant. If you fill in an expression of wish form naming your beneficiaries, this helps us pay the death grant to the correct people.





Local Government Pension Scheme Death grant expression of wish form

Member Details:

Your signature:

Full Name:								
NI Number:				Date of Birth:				
Address:					4			
				Postcode:				
Email Address:				Telephone No:				
Language Preference: I wish	h to receive ALL	future correspondence	in (Please	√ the box relev	ant to you	to show you	ır choice)	
Welsh		English			Bil	lingual		
Communications Preference	ce: I wish to rece	ive ALL future correspor	ndence in	(Please √ the b	ox relevant	t to you to sh	now your choi	ce)
(Please select only ONE opt	tion)							
*Please make sure you have receive correspondence ele https://mss.clwydpensionf	ectronically:	se Member Self-Service	to		Pa	aper		
Details of your 1 st beneficiary:								
Name:						Beneficiary	Percentage:	%
Date of Birth:		Relationship:						
Address:								
	·			Postcode:				
Details of your 2 nd beneficiary:				•				
Name:						Beneficiary	Percentage:	%
Date of Birth:			Relations	ship:			•	
Address:					.			
				Postcode:				
Details of your 3 rd beneficiary:				•				
Name:						Beneficiary	Percentage:	%
Date of Birth:			Relations	ship:				
Address:								
	•			Postcode:				
Declaration: I have read the in the exercise of its absolut.	_		=	-	_	· ·		-

Date:

the above individual(s) and/or institution(s) and (if more than one) split according to my expression of wish.

Local Government Pension Scheme Transfer authority form



Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

You have 12 months from joining the Clwyd Pension Fund to start transferring any previous pensions. Your employer does have the discretion to extend this deadline, but they don't have to.

You should complete a separate transfer authority form for each pension that you want to transfer to us. You will also need to send us a photocopy of a document that confirms your date of birth such as your birth certificate, passport or driving licence.

Member Details:					
Full Name:					
NI Number:			Date of Birth:		
Address:					
			Postcode:		
Email Address:			Telephone No:		
Language Preference: I w	rish to receive ALL fu	uture correspondence	 in (Please √ the bo	x relevant to you to	o show your choice)
Welsh		English		Bilingual	
Communications Prefere	nce: I wish to receiv	ve ALL future correspo	 ndence in (Please v	the box relevant	to you to show your
choice) (Please select on		re ALL Tuture correspo	nachee iii (i lease -	the box relevant	to you to show your
	Electronic				
*Please make sure you ha	ave registered to us	e Member Self-		Paper	
Service to receive correspondence electronica		cally:		raper	
https://mss.clwydpensic	onfund.org.uk				
Details of your previous pens	sion:		<u> </u>		
Name of Previous Pension	on Administrator:				
Reference / Plan Number	r:				
Address of Previous Pens	ion Administrator:				
			Postcode:		
Declaration: • By completing this f	form, I give my writ	ten consent for the Clv	wyd Pension Fund t	o get information a	about my pension from

- my previous pension administrator
- I can confirm that I have given the Clwyd Pension Fund proof of my date of birth

You must sign this form by hand as electronic signatures can't be accepted.

Your signature:		Date:	
-----------------	--	-------	--

These completed forms should be returned to the Clwyd Pension Fund by one of the following methods:



Upload the forms through MSS 'Document Upload'



pensions@flintshire.gov.uk

