



To be completed by Councillor members of the Local Government Pension Scheme

Please print in BLOCK capitals using BLACK ink.

**Member Details**

Mr/Mrs/Miss/Ms/Other \_\_\_\_\_ Surname \_\_\_\_\_  
(Delete as appropriate)

Forename(s) \_\_\_\_\_

Employer or former Employer \_\_\_\_\_

National Insurance No.           Date of Birth

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_

**I wish Merseyside Pension Fund, in the exercise of its absolute discretion, to consider paying any lump sum death benefit due under the Local Government Pension Scheme, to the following individual(s) or organisation(s) and, if more than one, in the following shares.**

**Beneficiary Details**

Name and Address	Relationship (if any)	Date of Birth (if under 18)	Share of Benefit (%)
(Please use additional sheets if necessary)		TOTAL	100%

(Please ensure that beneficiaries' addresses are kept up to date)

**I certify that the above details are correct to the best of my knowledge.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to:

**Merseyside Pension Fund, PO Box 120, Liverpool L69 2NW.**