

# Firefighters Pension Scheme

Administered by XPS Administration, PO Box 485, Middlesbrough, TS1 9EE

## LUMP SUM DEATH GRANT EXPRESSION OF WISH FORM

**PLEASE NOTE THAT THIS FORM DOES NOT RELATE TO ANY SURVIVOR PENSION THAT MAY BE PAYABLE; IT IS TO ASSIST YOUR FIRE & RESCUE AUTHORITY (FRA) IN THE DISTRIBUTION OF YOUR DEATH GRANT ONLY.**

### Expression of Wish Form: Explanatory Notes

#### Active Firefighter

FPS 1992: if you die in service as a member of FPS 1992, a death grant of two times your pensionable pay at the time of your death is payable to your legal spouse or partner. If at the time of death you are living apart from your spouse or civil partner, or you are neither married or in a civil partnership, the death grant will be paid to your personal representative(s) – usually the executor of your will, with the death grant then forming part of your estate.

FPS 2006: the grant is normally 3 times your annual pensionable pay at the time of death (or immediately before any period of absence without pay), but could be a different amount if (a) you are subject to a split pension under FPS 2006 following a drop in pay, or (b) if you have ever worked part-time or as a volunteer or retained firefighter since joining FPS 2006 or (c) you haven't repaid all contributions due following a period of unpaid absence. The grant is payable in whole or in part to such person(s) as your FRA think fit.

Modified Retained section of FPS 2006: the grant is the greater of (a) 2 times your actual retained pensionable pay, expressed as an annual rate, and (b) 2 times a proportion of the pensionable pay of a whole-time regular firefighter in a similar role. Again, the amounts will be affected if you are subject to a split pension following a drop in pay. The grant is payable in whole or in part to such person(s) as your FRA think fit.

FPS 2015: the grant is normally 3 times your annual pensionable pay at the time of death (or assumed pensionable pay if you are absent in certain circumstances, which should resemble the pay you would have received if those circumstances hadn't occurred), but will be reduced if (a) the dependent relative's gratuity or balance of contributions to your estate have also been paid due to you transitioning to FPS 2015 from FPS 1992. Your FRA may, at its absolute discretion, pay any death grant to the benefit of your nominee, personal representatives or any person appearing to your FRA as being a relative or dependent of you.

#### Retired Firefighter

FPS 1992: no death grant is payable.

FPS 2006 (including the Modified Retained section of FPS 2006) and FPS 2015: a grant will be paid if you die within 5 years of receiving your pension, amounting to 5 times your annual pension less the pension payments you received.

Any lump sum payable in the event of your death may be paid, in whole or in part, to such person or persons as your FRA think fit.

This form may be used to inform your FRA of your wishes with regard to the payment of any cash sum arising in the event of your death and, although your FRA is not bound by the contents of the nomination form, they will endeavour to honour to your wishes. If you would like more than one person, or organisation, to be considered, please indicate what proportion of the grant (either a percentage or a fraction) you would like each to receive.

Once you have completed your expression of wish form it is vital that you keep it up to date as certain life events (marriage, divorce etc) may result in you wanting to change your wishes. If you want to add or remove a beneficiary, you must complete a new form.

By completing the form you are requesting your FRA to consider making payments of any cash sum due from the Firefighters' Pension Scheme in accordance with your wishes as indicated overleaf. Although you are under no obligation to state your relationship with the person(s) you nominate, providing this information will help your FRA when exercising their discretion, and will help XPS Administration and your FRA to deal with matters sensitively if you die.

Please ensure that your form is witnessed by a person aged 18 years or over, who is not a member of your family and is not one of your beneficiaries.

For further information, please visit [www.myownpension.co.uk](http://www.myownpension.co.uk) or contact the Pensions Unit on:

Tel: 01642 030692

Email: [penmail@xpsgroup.com](mailto:penmail@xpsgroup.com)

# FIREFIGHTERS' PENSION SCHEME

PLEASE READ THE NOTES ON THIS FORM BEFORE COMPLETION

Fire & Rescue Authority	<input type="text"/>		
Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Title	<input type="text"/>	Date of Birth	<input type="text"/>
NI Number	<input type="text"/>	Marital Status	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email Address	<input type="text"/>	Telephone Number	<input type="text"/>

## Personal Details - Nomination 1

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Date of Birth	<input type="text"/>
Relationship	<input type="text"/>	Proportion %	<input type="text"/> (A)

## Personal Details - Nomination 2

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Date of Birth	<input type="text"/>
Relationship	<input type="text"/>	Proportion %	<input type="text"/> (B)

## Personal Details - Nomination 3

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Date of Birth	<input type="text"/>
Relationship	<input type="text"/>	Proportion %	<input type="text"/> (C)

If additional nominations are required enter the details on a separate sheet. A + B + C must total 100%

## Declaration – This section must be completed in full

Signed: (Nominator)	<input type="text"/>	Date	<input type="text"/>
Witnessed by: (Signature)*	<input type="text"/>	Date	<input type="text"/>

## Witness Details – \* (Witness must be aged 18 years or over and cannot be a family member or Nominee)

Title	<input type="text"/>	Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		