



ORKNEY
ISLANDS COUNCIL

The Local Government Pension Scheme

Nomination Form

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 Pension Scheme may be paid. However, it is my wish that any such payment should be made as follows:

Please use block letters

Full Name	Relationship (if any)	Address	Proportion %
Total must be 100%			

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

Name			
Address			
NI Number			
Signature		Date	

Please complete and return this form to:

The Pension Section, Orkney Islands Council, Council Offices, Kirkwall, KW15 1NY.