

Expression of Wish form

Local Government Pension Scheme Regulations 2013

Employer / Former employer name:			
<ul style="list-style-type: none"> • Please read the 'Explanatory notes' on page 3 before completing the form. • Please complete the form in block capitals with black ink • Existing Environment Agency employees should submit the completed form to SSCL via a 'service request' (SR) in SOP using the category 'ENV Pension Administration' and problem type 'Pension Administration Form'. External new starters or employees who don't have access to EA systems should send the completed form to your employer / former employer's address shown on Page 2. • If you're a pensioner or deferred member, please send your form back to Capita (see page 2) 			
Title: Dr/Mr/Mrs/Miss/Ms	Name:		
Former name(s):			
Date of birth:		NI Number:	
Employee number:			
Member Type (please tick below):			
Contributing member <input type="checkbox"/>	Deferred member <input type="checkbox"/>	Pensioner member <input type="checkbox"/>	
Pension Credit member <input type="checkbox"/>	Pensioner member with deferred benefits ¹ <input type="checkbox"/>		
When the EAPF is deciding who should receive any lump sum death grant which may become payable from the Fund (s) and any in house additional voluntary contribution (IHAVC) arrangement, it should be noted that I wish it to be paid to the following person(s) / organisation(s) in the proportions shown:			
Full name and address:		Relationship to you (if any):	
Post code:		Proportion of total:	
Full name and address:		Relationship to you (if any):	
Post code:		Proportion of total:	
Full name and address:		Relationship to you (if any):	
Post code:		Proportion of total:	
If you wish the death grant to be shared between more than three persons / organisations, please provide their details on a separate sheet of paper attached to this form.			
<u>I understand and accept that:</u>			
<ol style="list-style-type: none"> 1. I've read and understood the General Data Protection Regulation notice displayed in point 1 of the attached notes for completion. 2. I can cancel or change this Expression of Wish form at any time by completing and forwarding a new form to my Employer. 3. A completed Expression of Wish form is not binding on the EAPF. 			
Signed: _____ Date: _____			

¹ Former recipients of Tier 3 Ill health pensions which are currently suspended.

For HR use

Check List:

1. Scan and email Pen 16 to Capita
2. Original form to HR file

Certification signature: _____ Date: _____

Telephone number for enquires: _____ Extn: _____

Remember - It's your responsibility to keep your Expression of Wish form up to date. Please keep a copy in a safe place for future reference.

Please return all forms to your respective employer below.

Existing Environment Agency employees:

Please submit the completed form to SSCL via a 'service request' (SR) in SOP using the category 'ENV Pension Administration' and problem type 'Pension Administration Form'.

Environment Agency external new starters or employees who don't have access to EA systems:

Shared Services Connected Limited
HR Services
Moorside
Monks Cross Drive
Huntington
York
YO32 9GZ

Alternatively, you can email your completed form to: ea_AskHR@sscl.gse.gov.uk

Steria employees:

HR Helpdesk
420 Thames Valley Park
Reading
Berkshire
RG6 1PU

Natural Resources Wales (NRW) employees:

People Services
Maes Y Ffynnon
Penrhosgarnedd
Bangor
LL57 2DW

If you're a pensioner or deferred member, send your form to Capita:

Environment Agency Pensions Team
Capita
11B Lingfield Point
Darlington
DL1 1AX

Explanatory Notes

Please read before completing the Expression of Wish Form

1. **General Data Protection Regulation (GDPR)** – The Environment Agency Pension Fund (EAPF) is a Data Controller under the General Data Protection Regulations. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, please visit www.eapf.org.uk/privacy-policy
2. **Although your expression of wish is not binding on the EAPF, we'll normally carry out your wishes in deciding who should be paid your death grant. Payment can then be made without delay and, normally, without any liability for inheritance tax.**
3. Where you have contributed to an IHAVC or have purchased additional life cover, this form will be used to determine the location of the payment of these benefits.
4. You may name anyone, whether or not they are a relative or a dependant, as a beneficiary to receive all or part of your death grant. You can also nominate a registered charity. If you fail to complete and return the form the EAPF can decide to pay the Death Grant, in whatever proportion it considers appropriate, to your spouse/civil partner, any eligible children, relatives (including a former spouse/civil partner) or to your estate. You should note that if any of the death grant is paid to your estate it may be liable to inheritance tax.
5. If you do not want the death grant to be shared equally between your named beneficiaries, you should enter the proportions to be paid on the form, e.g. ¼, ½ etc. Should you wish the death grant to be shared amongst more than two beneficiaries please give similar details to those requested overleaf on a separate sheet of paper. In the event that the proportions entered do not add up to the full amount of the death grant, the difference will be paid to your estate.
6. If you want the EAPF to pay part or your entire death grant to your estate, please write "To my estate" under "name(s)" overleaf, and also the proportion if it is not the full amount. As mentioned in note 2 above, any death grant included as part of your estate may be subject to inheritance tax.
7. As your preferred beneficiary might die **before** your death grant becomes payable, you may want to name another person or persons to whom you would like the EAPF to pay the death grant should this unfortunate situation arise. If you wish to do this, please enter the relevant details overleaf or on a separate sheet of paper indicating clearly your order of preference.
8. If your circumstances alter, or you change your mind about who should receive your death grant, ask your Employer or Capita for another expression of wish form **immediately**. When your Employer and Capita receive the newly completed form, the earlier one will automatically be cancelled.
9. If your personal circumstances change (e.g. marriage, divorce, legal separation) you will need to complete a further expression of wish form in order to ensure your wishes are complied with in the event of your death.
10. If you want any further details about these arrangements, please contact the Environment Agency Pensions Team at Capita, 11b Lingfield Point, Darlington, DL1 1AX or telephone 0800 121 6593.