

## **Lump sum**Expression of wish form



		•				(	version 18
1. MEME	BER DE	TAILS					BLACK INK
Title	Initials	Surname					ONLY
Your name:				Employer former en	or nployer:		
Address:	·					(fo	or example Bury MBC
				National I	nsurance n number:		
Postcode:				Your daytime phone number:			
2. WHO	YOU W	OULD LIKE TO NO	MINATE				
f you want you n line with the	r personal rest of you	representatives to pay out any r estate, tick here: individual beneficiaries yours	/ lump sum	I wish my lump sur	/ personal represer n in line with the re	ntatives to pay out any est of my <b>estate</b>	
ill in the boxes	below:	marviadar benenciaries yours	ien, pieuse				
Beneficia	ry 1	Percentage share	%	Benef	iciary 2	Percentage sha	re %
Title: First	t name(s):			Title:	First name(s):		
Surname:				Surname:			
Address:				Address:			
Postcode:				Postcode:			
Date of birth:	1000/	Relationship to you:		Date of bi		Relationship to yo	u:
DD MM	YYYY			DD N	MM YYYY		
Beneficia:	vv 2		%	Ronof	iciary 4	D	re %
	name(s):	Percentage share	90	Title:	First name(s):	Percentage sha	re %
	. Hallie(s).				Tilst Hallie(s).		
Surname:				Surname:			
Address:				Address:			
Postcode:				Postcode:			
Date of birth:	YYYY	Relationship to you:		Date of bi	rth: MM YYYY	Relationship to yo	u:
3. DECL	ARATIC	ON					
f I die, I wish you	ı to pay an	y lump sum to whoever I have r		Your signa	ature:		
discretion to dec	ide who to	nd that for legal reasons the Fur pay. I also consent to you stori			DD MM	YYYY	
nformation I hav	ve given.			Today's Date:			

**4. WITNESSED BY** (NOT SOMEONE YOU HAVE NOMINATED OR THEIR SPOUSE, CIVIL PARTNER OR COHABITING PARTNER)

full name:	Witness's signature:	
Address:	Date witnessed:	PENSIONS OFFICE STAMP
Postcode:		

5. EXTRA INFORMATION	(only fill in if you want to)
3. EXTRA INI ORMATION	(orny mi m in you want to)



## Please return to:

Greater Manchester Pension Fund Guardsman Tony Downes House 5 Manchester Rd, Droylsden, M43 6SF.