

# Avon Fire and Rescue

## Firefighters' Pension Scheme

Administered by Bath & North East Somerset Council



Bath & North East  
Somerset Council

### Death grant & balance of guaranteed pension nomination of recipient

FB 003

#### Firefighters' Pension Schemes 2006, Special or 2015

In the event that you should die in service as a member of the 2006, Special or 2015 Firefighters' Pension Scheme, the Fire and Rescue Authority would pay a death grant, normally equivalent to three times your pensionable pay at date of death (two times pensionable pay at date of death for Special members). To whom would they pay it? This is at the absolute discretion of the Authority. But they will decide who, in their opinion, is the most appropriate recipient or recipients. When making such a decision they can take account of the wishes of the firefighter. You can make your wishes known to the Authority, at any time, by completing the nomination form attached to these notes.

If you die after retirement but before having received at least five years of pension instalments, the balance of the instalments you have not received will be converted to a lump sum and, like a death grant, would be paid to the person or persons that the Fire and Rescue Authority, at their discretion, believe appropriate recipients. By completing the nomination form you would make your wishes known to the Authority in respect of this payment, too.

The fact that the Fire and Rescue Authority has absolute discretion as to the recipient of the death grant or balance of guaranteed pension means that the payment would, under current tax rules, be exempt from Inheritance Tax, even if the Authority decide that, in the circumstances, the payment should be made to the legal personal representatives of the firefighter responsible for the administration of his/her estate.

If you decide to complete and submit the form, please note the following:

- you can nominate a single person or several persons; if you nominate more than one beneficiary, indicate the percentage of death grant or guaranteed pension balance that you wish each nominee to receive and ensure that the total of all nominations is 100%;
- you will be sent an acknowledgement of receipt of the form to your home address unless you request otherwise in a covering letter – it is recognised the information you give could be "sensitive" and should be treated as confidential;
- if any nominee has a change of address, please ensure the Authority is kept informed;
- if your circumstances or wishes change, you must tell the Authority right away otherwise their decision, based on the nomination you gave them, may not be what you would have wanted; you can change or cancel the form at any time;

The attached nomination form should be detached from these notes and sent to:

**Avon Pension Fund, Lewis House, Manvers Street, Bath, BA1 1JG**

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*First read the notes. Then, if you wish to proceed, use BLOCK CAPITALS to give the details requested below/overleaf, complete the declaration at the end of the form, detach the form from the notes, and return as directed.*

#### YOUR DETAILS

SURNAME \_\_\_\_\_

FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ NI NUMBER \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

#### NOMINATED BENEFICIARY OR BENEFICIARIES

SURNAME \_\_\_\_\_

FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPORTION OF DEATH GRANT TO BE PAID TO THIS BENEFICIARY \_\_\_\_\_ % OF 100%

SURNAME \_\_\_\_\_

FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPORTION OF DEATH GRANT TO BE PAID TO THIS BENEFICIARY \_\_\_\_\_ % OF 100%

SURNAME \_\_\_\_\_

FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPORTION OF DEATH GRANT TO BE PAID TO THIS BENEFICIARY \_\_\_\_\_ % OF 100%

**Continued Overleaf**

SURNAME \_\_\_\_\_  
FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PROPORTION OF DEATH GRANT TO BE PAID TO THIS BENEFICIARY \_\_\_\_\_ % OF 100%

SURNAME \_\_\_\_\_  
FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PROPORTION OF DEATH GRANT TO BE PAID TO THIS BENEFICIARY \_\_\_\_\_ % OF 100%

SURNAME \_\_\_\_\_  
FORENAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PROPORTION OF DEATH GRANT TO BE PAID TO THIS BENEFICIARY \_\_\_\_\_ % OF 100%

If you wish to nominate more beneficiaries, give their details on a separate piece of paper in a similar format to that shown above, and attach to this form.

### DECLARATION

I have read the notes attached to this form *[and the accompanying policy statement of the Fire and Rescue Authority regarding nomination]*. I wish to nominate the beneficiary or beneficiaries as named here to receive, in the proportions shown, any death grant or balance of guaranteed pension payable upon my death as allowed under the Firefighters' Pension Scheme or in any similar provision under a subsequent Order.

I understand that this nomination revokes any earlier nomination made by me.

I further understand that the Fire and Rescue Authority may, without being bound in any way to do so, have regard to this nomination but, under the above Scheme, have absolute discretion as to the recipient(s) of any death grant or balance of guaranteed pension and as to the proportions payable.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_