

## Firefighter's Death Grant Expression of Wish Form

(Not relevant for Firefighters' Pension Scheme 1992)

### PERSONAL DETAILS

Full Name:.....

National Insurance Number:.....

Address: .....

.....

Email Address:.....

I would like Hereford & Worcester Fire and Rescue Service to take into account my wishes for payment of any lump sum death grant to the following. (Please ensure the percentage adds up to 100%)

### PLEASE INSERT FULL NAMES AND ADDRESSES IN BLOCK LETTERS

Name:.....

.....

Address:.....

.....

Post Code .....

.....

Relationship/Status..... Percentage .....

.....

Name:.....

.....

Address:.....

.....

Post Code .....

.....

Relationship/Status..... Percentage .....

.....

Name:.....

.....

Address:.....

.....

Post Code .....

.....

Relationship/Status..... Percentage .....

.....

Name:.....

.....

Address:.....

.....

Post Code .....

.....

Relationship/Status..... Percentage .....

.....

**Signature:** .....

**Date:** .....

Hereford & Worcester Fire and Rescue Service has absolute discretion as to whom to pay the death grant but you may nominate the person (s) you wish to be the recipient (s). The Authority would take your wishes into account when making their decision but cannot be legally bound by the expression of wish.

Please be aware that this form is an expression of wish for the nomination of the Death Grant only.

Should you wish to nominate a cohabiting partner to receive a survivor's pension please contact Pensions Service to request a Nominated Cohabiting Partner form.

**Please return this form to the following address:**

Pensions Service  
HR Service Centre  
County Hall  
Spetchley Road  
Worcester  
WR5 2NP

**Contact:** 01905 846527

**Email:** [slewis3@worcestershire.gov.uk](mailto:slewis3@worcestershire.gov.uk)