



Falkland Islands Pensions Scheme Expression of Wish Form

The Pensions Board
St Marys Walk
Stanley
Tel: +500 28416
Email: fips@sec.gov.fk

What happens if you die before Retirement?

If you are a Government employee, or if your employer has made arrangements with the Pensions Board to pay death benefits, your estate will receive certain Death-in-Service benefits. Please see Chapter 6 of the Explanatory Booklet.

For any members of the Scheme who are not Government Employees, your estate or beneficiary will receive payment from the Pensions Board of the accrued value of your pension fund at the date of your death.

To assist the Pensions Board in making the selection as to who should receive these death benefits and in what proportions in the event of your death, you are asked to complete and return the Expression of Wish form. Alternatively you can complete your Expression of wish online using the following web address: www.hartlinkonline.co.uk/fips

Pensions Board are not bound to follow a completed Expression of Wish form however will use this to guide them in the decision making process. This is because if a member may forget to change their Expression of Wish form following a change in their personal circumstances. The Board will carefully consider where to allocate the death benefits using all information available before any payment is made.

If more than one person is named, please indicate the proportion of the total death benefit which you would wish each person to receive alongside the details relating to that person.

Once you have completed your 'Expression of Wish Form, please return it to the Pensions Office, Secretariat.

Please ensure you complete all details as required.

Section 1 – your details

Full Name	
Date of Birth	
Pension ID Number	
Telephone number	
Email address	
Postal address	

Section 2 – Nominated Individuals

Please fill out the relevant details for each of you nominated beneficiaries.

1	Full Name		Proportion of Benefits (%)	
	Postal Address		Relationship	
2	Full Name		Proportion of Benefits (%)	
	Postal Address		Relationship	
3	Full Name		Proportion of Benefits (%)	
	Postal Address		Relationship	
4	Full Name		Proportion of Benefits (%)	
	Postal Address		Relationship	
5	Full Name		Proportion of Benefits (%)	
	Postal Address		Relationship	
6	Full Name		Proportion of Benefits (%)	
	Postal Address		Relationship	

Section 3 – your signature

By signing this form I confirm:

- I understand that certain of the benefits arising in the event of my death will be held by the Pensions Board in trust for payment to such one or more persons as they may determine in accordance with the appropriate Trust provisions.
- I wish to nominate the individual(s) referred to above to receive the benefits in the proportions indicated.
- I understand that there is no guarantee that the monies will be distributed in accordance with my wishes, but these will be carefully considered before any payment is made. Any monies to be distributed to beneficiaries under the age of 18 will be paid to their legal guardian on their behalf.
- This 'Expression of Wish Form' cancels any previous Expression of Wish Form that I may have made in respect of these benefits.

Signed		Date	
--------	--	------	--