

# NHS Pension Scheme - Death Benefit Nomination (DB2)

## Notes

Please read these notes before completing the death benefit nomination form. We will send you a copy of the completed form, which you should keep in a safe place, preferably with your will if possible

### Important

Please be aware that the form will be rejected and you will need to complete a new form if:

- you have not initialled and dated any amendments you have made
- it has been signed and witnessed on a different date
- information is missing

You may use this form only if you have pensionable membership on or after 1 April 2008 in the NHS Pension Scheme. If your pensionable service ends before 1 April 2008 refer to form DB1.

**If you want your spouse or civil partner to receive 100% of your death benefits you do not need to complete this form, as they will receive it automatically, unless you have previously nominated someone else to receive it.**

You may change your death benefit nomination by either:

- submitting a new application (DB2) to nominate someone else
- cancelling an existing one using form NOM 1 to enable your new spouse / civil partner to receive 100% of the Life Assurance Lump Sum automatically

A new nomination will replace an existing one automatically.

You can nominate as many people as you like, or alternatively one organisation. An organisation must be one of the following:

- a body corporate
- an unincorporated body
- your personal legal representative

An individual nomination will not be valid, if at the time of your death:

- a previous nomination has been revoked
- a nominee has died
- a nominee has been convicted of your murder or manslaughter
- the nominee cannot be traced

In these circumstances, their proportion of the lump sum will be paid to your estate.

If the nominee is a child, or is awaiting confirmation of their National Insurance Number, please do not delay the return of the completed form. You should write to us at a later date confirming the National Insurance Number.

**Please ensure you inform us of any change of address of your nominee(s).**

If payment of your Life Assurance Lump Sum cannot be made within 2 years of the notification of your death, HMRC have confirmed the payment will become "**Unauthorised**" for tax purposes and they will impose a **tax charge of 40%** on the amount payable.

If you nominate more than one individual select either 'equal share' or enter the proportion, as a percentage of the total benefits each individual should receive, where indicated on the form. **The total of the proportions must equal 100%.**

**Important Note:** If you are completing the death benefit nomination in favour of your partner and want them to receive your survivor pension benefits when you die, you should complete a 'Partner Nomination Form' PN1 (please read the notes before completing the form). Forms PN1, NOM1, DB1 and DB2 are available from our website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions) or you can ask your Pension Officer / Practice Manager to download a copy for you.





**Part 2.2 - Organisation or Personal Legal Representative nominee details.  
Not to be completed if Part 2.1 has been completed**

Name of Organisation or Personal Representative

Company registration number (if applicable)

Address

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**Part 3**

**Declaration - Please sign this in the presence of a witness**

I would like the individual(s) or organisation named on this form to receive any life assurance lump sum benefits payable upon my death. I confirm that any previous nominations I have made are cancelled in favour of this one.

I consent to the disclosure of information on this form for the purposes of verification and in compliance with the Data Protection Act, to and from other organisations.

I understand that the administration of NHS Pensions and responsibility for counter fraud and security management (NHS Protect) in the NHS are both responsibilities of the NHS Business Services Authority (NHSBSA).

I understand that NHS Pensions may share information on this form with NHS Protect for the purposes of prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

I understand that if I provide NHS Pensions with false or misleading information, I may be liable to criminal, civil and/or disciplinary proceedings

Signature

Date

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**Part 4**

**Witness details - must not be a spouse, civil partner or nominee**

- I declare that I am the person named below
- I CERTIFY that the above Declaration was signed and dated IN MY PRESENCE by the member, whom I believe to be the person named.
- I understand that if I provide NHS Pensions with false or misleading information, I may be liable to criminal / civil proceedings

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

Witness signature

Address

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Date (This date must be the same as the Declaration date at part 3)

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## Part 5

### Checklist - MUST BE COMPLETED BY THE MEMBER BEFORE SENDING THE FORM

#### We cannot accept a form incorrectly completed

- The form has been signed and witnessed on the same date
- Any amendments have been initialled and dated
- Only Part 2.1 OR Part 2.2 has been completed
- The spouse / civil partner is **NOT** the only nominee in part 2 (refer to notes)
- Nominees date of birth and National Insurance number are included (if applicable)
- Company registration number at Part 2.2 is included (if applicable)

Now send this form to:

NHS Pensions  
Hesketh House  
200-220 Broadway  
Fleetwood  
Lancashire  
FY7 8LG

We will send a copy of the form back to you. Please keep it in a safe place, preferably with your will if possible.