

NHS Pension Scheme - Existing Nomination Cancellation

Please read these notes before completing the form for cancelling an existing nomination, then keep them in a safe place.

1. You may use this form **only** if you have membership on or after 1 April 2008.
2. You may choose to cancel an existing partner nomination or death benefit nomination by completing this form.
3. If you wish to amend an existing nomination you must submit a new application using form PN1 for a partner nomination or form DB2 for a death benefit nomination.
4. Submitting this form will result in the appropriate nominations being revoked completely. This means that any benefits payable upon your death will be paid in accordance with the Scheme rules, rather than to named individual(s) or a body.
5. When you have completed your form please return it to the address at the top of the page.

Pensions

Hesketh House
200-220 Broadway
Fleetwood
Lancashire
FY7 8LG

Request for cancellation of an Existing Nomination

Part A To be completed by the applicant in all cases

Section 1 Personal details Please complete in **black ink**, using **CAPITAL** letters

Title (Mr, Mrs, Miss, Ms)	<input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
SD number (if known)	<input type="text"/> / <input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section 2 Cancellation details

You may cancel your existing partner nomination or death benefit nomination by indicating below. If you wish to amend an existing nomination you should make a new nomination.

I wish to cancel my existing: Partner nomination Death benefit nomination

Part B Declaration

I confirm that I wish to cancel my existing nomination(s) as indicated above and understand that this means that any benefits payable upon my death will be paid in accordance with the Scheme rules, rather than to named individuals or bodies.

Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Now send this form to the address shown on page 1. We will send a copy of the form back to you.