

NHS Pension Scheme - Death Benefit Nomination

Please read these notes before completing the death benefit nomination form, then keep them in a safe place.

1. You may use this form **only** if you have membership on or after 1 April 2008 in either the NHS Pension Scheme (Amended 1.4.2008) or the New NHS Pension Scheme.
2. If you want your spouse or civil partner to receive 100% of your death benefit you do not need to complete this form, as they will receive it automatically.
3. Any previous nominations you have made will be cancelled in favour of this one, and any amendments required to this nomination will need a completely new application.
4. You can nominate as many people as you like or, alternatively one organisation. Please ensure you inform us of any change of address of your nominee(s).
5. 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%.
6. An organisation must be one of the following:
 - a body corporate
 - an unincorporated body
 - your personal legal representative
7. NHS pensions will send you a copy of your form as confirmation of the update.
8. If you are completing this death benefit nomination in favour of your partner and want them to receive your survivor pension benefits when you die, you must also complete a 'Partner Nomination Form' PN1. This form is available from our website www.pensions.nhsbsa.nhs.uk or you can ask your Pension Officer to download a copy for you.
9. You should consider changing your death benefit nomination if your personal circumstances change. You can do this either by submitting a new application or by cancelling an existing application.
10. An individual nomination will not be valid, if at the time of your death:
 - a nominee has died; or
 - a nominee was convicted of your murder or manslaughter.
11. The Scheme must pay death benefits within two years of your death. If we are unable to trace anyone you have named, or if there is no valid nomination, we will pay any death benefit to your personal representative.
12. 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

Death Benefit 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 Nominee details

Complete Section 2a or 2b. You **cannot** complete both.

Section 2a Individual nominee details

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
Relationship to member (if any)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Tick this box for an equal share	<input type="checkbox"/> or enter a Proportion of the total in this box <input type="text"/> %

Individual nominee details (continued)

Title (Mr, Mrs, Miss, Ms)

Surname

Other names

Address

Relationship to member (if any)

Date of birth

Tick this box for an equal share or enter a Proportion of the total in this box %

Individual nominee details

Title (Mr, Mrs, Miss, Ms)

Surname

Other names

Address

Relationship to member (if any)

Date of birth

Tick this box for an equal share or enter a Proportion of the total in this box %

Individual nominee details

Title (Mr, Mrs, Miss, Ms)

Surname

Other names

Address

Relationship to member (if any)

Date of birth

Tick this box for an equal share or enter a Proportion of the total in this box %

Please download this page again if required.

Section 2b Organisation or Personal Legal Representative nominee details

Name of Organisation or Personal Representative	<input type="text"/>
Contact address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

Part B 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, and I understand that any amendments required to this nomination will require a new application.

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

Part C Witness details - must not be a relative or nominee

I CERTIFY that the above Declaration was signed IN MY PRESENCE by the member, whom I believe to be the person named.

Surname	<input type="text"/>
Other names	<input type="text"/>
Contact address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Witness signature	<input type="text"/>
Date	<input type="text" value="/ /"/>

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