

## **NHS Pensions - Lump sum on death benefit nomination - Pension Credit member only (DB2(PC))**

### **Notes**

**Please read these notes before completing the lump sum on death benefit nomination form.**

### **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**
- **any mandatory information is missing**

If your Pension Sharing Order (PSO) was implemented prior to 1 April 2000 you cannot use this form, please obtain form DB1 from our website.

If your PSO was implemented from 1 April 2000 to 31 March 2008 you can nominate one person or organisation, or de nominate a spouse.

If your PSO was implemented on or after 1 April 2008 you can nominate one or more individuals, or nominate an organisation.

You cannot de-nominate a spouse.

**If you want your spouse or registered civil partner to receive 100% of your lump sum on 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 lump sum on death benefit nomination by either:

- submitting a new application (DB2(PC)) to nominate someone else
- cancelling an existing one using form NOM 1 to enable your new spouse or registered civil partner to receive 100% of the lump sum on death benefit automatically

A new nomination will replace an existing one automatically.

You can nominate one or more persons depending on when your PSO was implemented (see above), or alternatively one organisation. An organisation must be one of the following:

- a body corporate
- an unincorporated body
- your legal personal representative(s)

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- a previous nomination has been revoked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 on death benefit will be paid to your estate.

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

The lump sum on death benefit must be paid within two years of the date upon which the Scheme Administrator was first notified of your death otherwise it will be subject to a HM Revenue & Customs (HMRC) tax charge of up to 45%. NHS Pensions has no discretion and must deduct this tax charge from the lump sum.

If you are eligible to 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%.**

## NHS Pensions - Lump sum on death benefit nomination - Pension Credit member only (DB2(PC))

To be completed by the applicant in all cases

### Part 1 - Personal details

Please type in the fields below then print off and sign, or print and complete in CAPITAL LETTERS using BLACK INK (All fields marked with \* are mandatory)

\* Title (Mr, Mrs, Miss, Dr)

\* Surname

\* Other names

SD number

\* National Insurance number

\* Date of birth

\* Address

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|             |  |  |  |  |  |  |  |  |  |
| * Post code |  |  |  |  |  |  |  |  |  |
|             |  |  |  |  |  |  |  |  |  |

Contact telephone number

Email address

Gender

Male

Female

### Part 2 - Nominee details

Complete Section 2.1 for individual nominee details OR 2.2 for organisation or legal personal representative(s). DO NOT COMPLETE BOTH.

#### Part 2.1 - Individual nominee details

\* Title (Mr, Mrs, Miss, Dr)

\* Surname

\* Other names

\* Date of birth

\* Relationship to member (if any)

\* Address

|             |  |  |  |  |  |  |  |  |  |
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|             |  |  |  |  |  |  |  |  |  |
| * Post code |  |  |  |  |  |  |  |  |  |
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Contact telephone number

Email address (if known)

Gender

Male

Female

\* Tick this box for an equal share

or enter a proportion of the total in this box

%

**Individual nominee details (continued)**

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

Date of birth

 /  / 

Relationship to member (if any)

Address

Post code

Contact telephone number

Email address (if known)

Gender

Male

Female

Tick this box for an equal share

or enter a proportion of the total in this box

%

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**Individual nominee details (continued)**

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

National Insurance number

Date of birth

 /  / 

Relationship to member (if any)

Address

Post code

Contact telephone number

Email address (if known)

Gender

Male

Female

Tick this box for an equal share

or enter a proportion of the total in this box

%

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**Individual nominee details (continued)**

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

Date of birth

 /  / 

Relationship to member (if any)

Address

Post code

Contact telephone number

Email address (if known)

Gender

Male

Female

Tick this box for an equal share

or enter a proportion of the total in this box

%

Please download this page again if required

**Part 2.2 - Organisation or legal personal 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

\* Post code

**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 lump sum on death benefit 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

**Part 4 - Witness details**

**A witness must be an authorised Bank Official, Civil Servant, Doctor, Magistrate, Minister of Religion, Solicitor or other registered UK voter - it must not be your spouse, registered civil partner, 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

\* Post code

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

## 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)
- ALL mandatory fields have been completed

If we require any further information regarding your nomination how would you prefer to be contacted (please select 1 option).

- Telephone    Email    Letter

Now send this form to:

NHS Pensions  
PO Box 683  
Unit 5  
Newcastle Upon Tyne  
NE5 9EE