

## **NHS Pensions - Existing nomination cancellation (NOM1)**

### **Notes**

**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 in the NHS Pension Scheme. Your pensionable service may have started before 1 April 2008 but providing you have pensionable service on or after 1 April 2008 you can complete this form.
2. You may choose to cancel an existing partner nomination and/or lump sum on 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 lump sum on 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 and signed your form in the presence of your witness please return it to the address at the end of the form.

# Request for cancellation of an existing nomination

## Part 1 - To be completed by the applicant in all cases

**Part 1.1 - 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

\* Post code

\* Contact telephone number

Email address

Gender

Male

Female

## Part 1.2 - Cancellation details

You may cancel your existing partner nomination and/or lump sum on 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

Lump sum on death benefit nomination

## Part 2 - Declaration - Please sign this in the presence of a witness.

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

\* Date

**Part 3 - 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, 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 2)

Now send this form to:  
NHS Pensions, PO Box 2269, Bolton, BL6 9JS