

Allocation initial enquiry (AW8/11A)

Membership number (if known)

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You **must** read the Allocation factsheet before submitting this form.

On receipt of this initial enquiry form we will send you an estimate to help you make a decision about how much pension to allocate if you do wish to proceed.

Please tick all statements below to confirm your understanding:

- I have read the Allocation factsheet; I am in good health and wish to enquire about allocation.
- I am aware that I will need to arrange and pay for a medical examination if I wish to proceed after receiving the estimate.
- I understand that allocation and an adult dependant's pension are separate provisions.
- I am aware that the payment of my own pension would be permanently reduced if I choose to go ahead with an allocation of pension to my beneficiary.
- I understand that the payment of my own pension may be delayed during the allocation process.

About you

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

National Insurance number

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Date of birth

		/			/					
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Your contact details

Telephone number

Email address

Your home address

Select which Section or Scheme you wish to allocate from

1995 Section

2008 Section

2015 Scheme

About your beneficiary

Select the type of beneficiary from the list of options below:

(1) Legally married Spouse, Civil partner or Nominated qualifying partner

(2) Dependant child (who must be dependent on you)

(3) Other dependant (not listed under 1 or 2 above)

Beneficiary date of birth

		/			/				
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Note: we will ask you for more information about your beneficiary after we send you an allocation estimate of benefits, if you decide to proceed.

Your signature

Date (dd/mm/yyyy)

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Now attach this form to your retirement application if you are retiring, or if not, send it direct to us at:

Awards Team
NHS Pensions
PO Box 2269
Bolton, BL6 9JS