

# Nominated Dependant's pension Application form



PENSION  
FUND

The Trustee will use this form to assess your eligibility for a pension in the event of a member's death.

You should complete this form if you would like the Trustee to consider you for a Nominated Dependant's pension upon the death of a member of the ICI Pension Fund (the Fund) and:

- The member nominated you to be considered for a Nominated Dependant's pension by the Trustee and you were financially dependent on the member at the time of their death (and for at least 12 months before) and you could not reasonably be expected to adequately support yourself financially; or
- You were not nominated by the member prior to death, but believe that you may be eligible for a Nominated Dependant's pension because you were financially dependent on the member at the time of their death (and for at least 12 months before) and you could not reasonably be expected to adequately support yourself financially.

The information on this form is essential to enable the Trustee to decide whether, in its opinion, you are eligible for a Nominated Dependant's pension.

## Important:

You should complete this form if you would like the Trustee to consider you for a Nominated Dependant's pension upon the death of a member of the ICI Pension Fund (the Fund) and:

- Please complete all sections of this form so the Trustee can fairly assess your eligibility.
- Where requested to do so, please provide original documents (this is usually required for marriage certificates, death certificates, birth certificates and wills). These will be returned to you by recorded delivery. You will only need to provide originals where specifically requested to do so.
- Photocopies of all other documentation such as bank statements, utility bills etc, are normally acceptable.

Continued overleaf



Examples of documentation necessary for a complete application include the following:

Document	Original Provided Yes/No	Copy Provided Yes/No
Death certificate of the deceased member*		
Original or Certified copy of the Will of the Member		
Evidence of any payments the deceased member made to any ex-spouse(s)		
<b>Twelve</b> months prior to date of death bank statements for both you, the member and any joint account		
Your Birth certificate*		
Your Marriage Certificate/Divorce Decree nisi*		
Proof of your savings or other accounts		
Proof of your income and assets		
Proof of your outgoings (if not identifiable on your bank statements)		
Evidence of cohabitation (such as a selection of joint bills covering the period 18 months prior to the member's death)		

\* Original document required

If the Trustee requires further information to make their assessment, they will request it in due course.

If you have any questions about completing this form, please call ICI Pensions Services on **01707 607 500**.

Please complete the form, and return it to: **ICI Pensions Services, PO Box 545, Redhill, Surrey RH1 1YX**

## MEMBER'S DETAILS

Member name (in CAPITALS):

Pension/payroll reference no:

NI no:

Member's marital status:

Member's address and postcode:

Date of death of member:

Please send the original death certificate with this completed form, if not already provided.

Name and address of solicitor dealing with the deceased member's estate:

Did the member leave a will?

Yes

No

If yes, please send the original or a certified copy with this completed form.

## NOMINEE DETAILS

Your name (in CAPITALS):

Your NI no:

Your address and postcode:

Your date of birth:

Please send your original birth certificate with this completed form.

Your marital status:

If you're married, send your original marriage certificate, or if you're divorced, send your original decree nisi with this completed form.

Your relationship to the member:

Period of financial dependency:

Were you cohabiting with the member at the time of their death?

Yes

No

If yes, how were household expenses managed? e.g joint account

## FINANCIAL INFORMATION

To enable the Trustee to assess whether you are eligible for a Nominated Dependant's pension it must establish whether you satisfy the following criteria:

- That you were financially dependent on the member at the time of their death (and for at least 12 months prior), and
- That you could not reasonably be expected to adequately support yourself financially.

### Member's Income

Please provide details of the member's income in the 12 months before the date of their death. Please ensure an entry is made against each item, including 'NIL' if applicable.

Please use GROSS payments, i.e. before the deduction of tax. You may find the member's P60s, payslips or bank statements helpful for this.

Information required	Total for the last 12 months (£ per year) Enter amount or 'NIL'
Employment in which he/she was employed at the date of his/her death:	
Pension(s) from previous employer(s) (not including their ICI pension):	
Annuities held with an insurance provider:	
Permanent health insurance from their employment or former employment:	
Income from investments and savings:	
Income from residential or commercial property:	
Other sources of income:	

State benefits (e.g. State pension, disability allowances, etc). Please list the State benefits and the amount the member was receiving for that benefit:

Information required	Total for the last 12 months (£ per year) Enter amount or 'NIL'
Benefit 1:	
Benefit 2:	
Benefit 3:	
All other State benefits:	

## Your Income

Please provide details of your income:

- for the 12 months before the member's death; and
- for the next 12 months, if you expect it will be different from the 12-month period before the member's death.

Where applicable please use GROSS payments, i.e. before the deduction of tax. You may find your P60s, payslips or bank statements helpful for this. Please ensure an entry is made against each estimated item, including 'NIL' if applicable.

Information required	Your total income for 12 months before member's death (£ per year). Enter amount or 'NIL'	Your estimated total income for next 12 months. Enter amount or Nil (£ per year)
Employment:		
Pension(s) from previous employer(s):		
Annuities held with an insurance provider:		
Permanent health insurance from your employment or former employment:		
Income from investments and savings:		
Income from residential or commercial property:		
Other sources of income:		
Income from investments and savings:		
If you have any other prospective savings or income (including pensions that could be drawn in the future) please provide details below:		
Amount £ <input type="text"/>	per year	Earliest date of payment <input type="text"/>

State benefits (e.g. State pension, disability allowances, etc). Please list the State benefits and the amount you receive for that benefit:

Information required	Your total income for 12 months before member's death (£ per year) Enter amount or 'NIL'	Your estimated total income for next 12 months. Enter amount or Nil (£ per year)
Benefit 1:		
Benefit 2:		
Benefit 3:		
All other State benefits:		

Have you become entitled to any of the following since the member's death?

Yes  No

If YES, please provide details and values below:

<b>Information required</b>	<b>Value (£) Enter amount or 'NIL'</b>
A lump sum death benefit from any employer or former employer of the member:	
A lump sum from any life policy held by the member:	
Any property (e.g. the property in which you lived with the member, or which the member owned):	

## Your Assets

Please provide details of any assets you currently hold:

<b>Information required</b>	<b>Value (£) Enter amount or 'NIL'</b>
Savings:	
Residential property (other than your primary home):	
Commercial property:	
Valuables:	
Other assets:	

Please provide details (including amounts/valuations) of any assets or legacies to which you have become entitled under the will of the member:

Please provide details (including amounts/valuations) of any assets or legacies you are due to inherit from other sources within the next 12 months:

## Your Joint Outgoings

Please provide details of both your and the member's joint outgoings on the following items

- for the 12 months before the member's death; and
- for the next 12 months, if you expect it will be different from the 12-month period before the member's death.

Please ensure an entry is made against each item, including 'NIL' if applicable. You must provide copies of all documentary evidence to support the information provided below, where possible.

Information required	Total for 12 months before member's death (£ per year) Enter amount or 'NIL'	Estimated total for next 12 months (£ per year) Enter amount or 'NIL'
Loans:		
Credit/store cards:		
Rent/mortgage:		
Building/home/contents insurance:		
Water:		
Gas:		
Electricity:		
TV licence (including any digital subscriptions):		
Council tax:		
Telephone:		
Food and groceries:		
Home assistance: <small>This includes a cleaner, gardener, nurse or other carer. Please specify under 'Other financial information' your reasons for having such home assistance:</small>		
Holidays:		
Vehicle (including insurance and running costs):		
Regular gifts to friends and family:		
Clothing:		
Dentistry/medical:		
Endowment or other long-term savings policies:		
Payments into savings:		
Other regular outgoings (including life insurance):		

Please explain how expenses listed on the previous page were paid for (e.g. from a joint bank account into which both your and the member's incomes were paid, by the member/by you/by both of you from separate accounts):

## OTHER FINANCIAL INFORMATION

Please provide contact details of any other individuals who may be financially dependent on the member (this may include children):

Was your partner under any legal obligation to make regular payments to an ex-spouse?

Yes  No  If yes, please provide amounts and contact details for the recipient:

## OTHER INFORMATION

Please provide any other information you consider relevant.

## USE OF YOUR INFORMATION

I understand that I am providing the Trustee (ICI Pensions Trustee Limited) with personal data within the definition of the Data Protection Act 1998. I consent explicitly to the Trustee (and any other data processors and controllers it uses) processing any personal data and any sensitive personal data about me for the sole purpose of assessing and processing my application for a Nominated Dependant's pension.

This information may be transferred to third parties who advise or assist the Trustee; for example the Trustee's legal advisers. Where I disclose to the Trustee personal data relating to the Nominated Dependant, or other individuals, as agent on behalf of those individuals, I either:

- have the right to consent on the behalf or;
- have obtained their consent; and
- have informed them of the identity of the Trustee as the data controller in relation to their data and the purpose (as set out above) for which their personal data will be processed.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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## YOUR SIGNATURE AND DECLARATION

I declare that the information I have provided in this form is true and correct. I have completed this form in good faith and have not withheld any information. I understand that:

- If my circumstances change, my benefits may change and I am under an obligation to notify the Trustee of the change.
- I may be required to provide further information to the Trustee in order to support this application.
- This application for a Dependant's pension can be withdrawn if my circumstances change.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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## CHECKLIST

Please ensure that you have provided:

1. Details of the member's income for the last twelve months	<input type="checkbox"/>
2. Details of your income and assets for both the last twelve months and the next twelve months	<input type="checkbox"/>
3. A list of outgoings	<input type="checkbox"/>
4. All the documents listed on page 2	<input type="checkbox"/>