

# Britag & Holden Sections

## 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 Dependant's pension upon the death of a member of the ICI Pension Fund (the Fund) and you believe that you may be eligible for a Dependant's pension because you were financially dependent on the member at the time of their death.

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

### IMPORTANT

- 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). 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.

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>Three months</b> prior to date of death bank statements for <b>both</b> 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)		

\*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 (Please complete in CAPITALS)

Member name:

Pension/Payroll reference no:

National Insurance Number:

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 or personal representatives dealing with the deceased member's estate:

Did the member leave a will?

Yes

No

If yes, please enclose a certified copy of the will with this completed form.

## YOUR DETAILS

Your name:

Date of birth:

Please send the original birth certificate with this completed form.

National Insurance Number:

Address and postcode:

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 Dependant's pension it must establish whether you were financially dependent on the member at the time of their death.

### A. 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 Enter amount or 'NIL' (£ per year)
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 Enter amount or 'NIL' (£ per year)
Benefit 1:	
Benefit 2:	
Benefit 3:	
All other State benefits:	

## B. YOUR INCOME

Please provide details of your income for the 12 months 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 item, including 'NIL' if applicable.

Information required	Total for 12 months before member's death (£ per year) Enter amount or 'NIL'
Employment:	
Pension(s) from previous employer(s):	
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 12 months before member's death (£ per year) Enter amount or 'NIL'
Benefit 1:	
Benefit 2:	
Benefit 3:	
All other State benefits:	

### C. 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.

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’
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.

## DATA PROTECTION AND CONFIDENTIALITY

The Trustee (ICI Pensions Trustee Limited), whose registered office is at 5th Floor, 36-38 Botolph Lane, London EC3R 8DE, is the “data controller” in respect of personal data processing for the administration of the Fund.

In processing your personal data, the Trustee may:

- process your sensitive personal data such as information regarding your health records;
- pass on personal data to third parties which may include the Fund’s sponsoring employer, professional advisers, administrator, insurance companies, counterparties to Fund investments, as may be necessary or desirable for the operation of the Fund; and
- retain your personal data for legitimate business reasons or to comply with applicable laws.

In the event that your personal data is sent outside the EEA, the Trustee will still process your personal data in accordance with the applicable data protection laws, and will take reasonable steps to ensure that your personal data is handled securely and in accordance with the data protection policy at [www.icipensionfund.org.uk](http://www.icipensionfund.org.uk).

In certain circumstances, your personal data may be passed to service providers who act as data controllers.

You can find out more about how the Trustee uses your personal data and your rights with respect to that personal data in our data protection policy at [www.icipensionfund.org.uk](http://www.icipensionfund.org.uk).

## YOUR SIGNATURE AND DECLARATION

I confirm that I have notified the relevant individuals of the purposes of this form and each relevant individual has agreed to me providing their personal details to the ICI Pension Fund for the purpose of making decisions relating to the payment of benefits.

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.
- If I knowingly provide any false, incomplete or inaccurate information then this may constitute fraud by false representation which is a criminal offence under section 2 of the Fraud Act 2006. If it transpires that the information I have provided is false, incomplete or inaccurate, the Trustee may choose to pursue criminal charges against me.

Signed:

Date:

## CHECKLIST

- 1. Details of the member’s income for the last twelve months
- 2. Details of your income and assets for the last twelve months
- 3. A list of outgoings
- 4. All the documents listed on page 1