

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; or
- you were not nominated by the member prior to their 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:

- 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. Examples of documentation necessary for a complete application include the following:
 - Death certificate
 - Birth certificate
 - Divorce Decree nisi
 - Three months bank statements
 - Proof of savings or other accounts
 - Proof of income and assets
 - Proof of outgoings (if not identifiable on your bank statements)
 - Will
 - Payments to any ex-spouse(s)
 - Evidence of cohabitation for 12 months (such as a joint bill more than 12 months old)
- 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**

Complete the form overleaf



MEMBER'S DETAILS

Member name (in CAPITALS):	<input type="text"/>									
Pension/payroll reference no:	<input type="text"/>	NI no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's marital status:	<input type="text"/>									
Member's address and postcode:	<input type="text"/>									
Date of death of member:	<input type="text"/>									
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:	<input type="text"/>									
Did the member leave a will?	Yes <input type="checkbox"/>					No <input type="checkbox"/>				
If yes, please send a certified copy with this completed form										

NOMINEE DETAILS

Your name (in CAPITALS):	<input type="text"/>									
Your NI no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your address and postcode:	<input type="text"/>									
Your date of birth:	<input type="text"/>									
Please send your original birth certificate with this completed form										
Your marital status:	<input type="text"/>									
If you're married, send your original marriage certificate, or if you're divorced, send your decree nisi with this completed form										
Your relationship to the member:	<input type="text"/>									
Period of financial dependency:	<input type="text"/>									

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.

a) Member’s income

<p>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.</p> <p>Please use NET payments, i.e. after the deduction of tax. You may find the member’s P60s, payslips or bank statements helpful for this.</p>	<p>Total for the last 12 months (£ per year)</p> <p>Enter amount or ‘NIL’</p>
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:
<p>State benefits (e.g. State pension, disability allowances, etc). Please list the State benefits and the amount the member was receiving for that benefit:</p> <p>Benefit 1:</p> <p>Benefit 2:</p> <p>Benefit 3:</p> <p>All other State benefits:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

b) Your income, assets and outgoings

Where applicable please use **NET payments**, i.e. after 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.

YOUR INCOME

<p>Please provide details of your income:</p> <ul style="list-style-type: none"> for the 12 months before the member’s death; and for the next 12 months, if you expect it will be different to the 12-month period before the member’s death. 	<p>Total for 12 months before member’s death (£ per year)</p> <p>Enter amount or ‘NIL’</p>	<p>Estimated total for next 12 months (£ per year)</p> <p>Enter amount or ‘NIL’</p>
Employment:
Pension(s) from previous employer(s):
Annuities held with an insurance provider:
Permanent health insurance from your employment or former employment:
<p>State benefits (e.g. State pension, disability allowances, etc): Please list the State benefits and the amount you are receiving for that benefit:</p> <p>Benefit 1:</p> <p>Benefit 2:</p> <p>Benefit 3:</p> <p>All other State benefits:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Income from investments and savings:
Income from residential or commercial property:
Other sources of income:

Have you become entitled to any of the following since the member's death? If YES, please provide details and values:	Value (£) Enter amount or 'NIL'
A lump sum death benefit from any employer or former employer of the member: YES/NO
A lump sum from any life policy held by the member: YES/NO
Any property (e.g. the property in which you lived with the member, or which the member owned): YES/NO

YOUR ASSETS

Please provide details of any assets you currently hold.	Value (£) Enter amount or 'NIL'
Savings:
Residential property:
Commercial property:
Valuables:
Other assets:

Please provide details of any assets or legacies to which you have become entitled under the will of the member:

YOUR OUTGOINGS

<p>Please provide details of both your and the member's joint outgoings on the following items:</p> <ul style="list-style-type: none"> • for the 12 months before the member's death; and • for the next 12 months, if you expect it will be different to the 12-month period before the member's death. <p>Please ensure an entry is made against each item, including 'NIL' if applicable.</p> <p>You must provide copies of all documentary evidence to support the information provided below, where possible.</p>	<p>Total for 12 months before member's death (£ per year)</p>	<p>Estimated total for next 12 months (£ per year)</p>
	<p>Enter amount or 'NIL'</p>	<p>Enter amount or 'NIL'</p>
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:
<p>Home assistance:</p> <p>This includes a cleaner, gardener, nurse or other carer. Please specify under 'Other financial information' your reasons for having such home assistance:</p>
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):

<p>Was your partner under any legal obligation to make regular payments to an ex-spouse?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide details:</p>
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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):

c) Other financial information

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

Other information (please provide any other information you consider relevant).

DATA PROTECTION ACT 1998

I understand that I am providing the Trustee with personal data and possibly sensitive personal data within the definition of the Data Protection Act 1998. By signing this form I also 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 any purposes associated with my application for a Nominated Dependant's pension. This information may be transferred to third parties who advise or assist the Trustee. Where I disclose to the Trustee personal data relating to the Nominated Dependant, or other individuals, as agent on behalf of those individuals, I:

- give consent on their behalf; 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:

Date:

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 Nominated Dependant's pension can be withdrawn if my circumstances change.

Signed:

Date: