

# Nominated Dependant's pension Nomination form



PENSION  
FUND

Use this form if you would like to nominate someone who is not your spouse or civil partner (except Special Category members), but who is financially dependent on you, to be considered for a pension in the event of your death.

This form should be completed only by you as a member of the ICI Pension Fund (the Fund). Please complete all sections of this form.

Nominated Dependant(s) will be considered for a pension in the event of your death. However, a Nominated Dependant's pension will only be paid if, at the relevant time, the Nominated Dependant(s) satisfy the Trustee that they meet the conditions laid down in the Trust Deed and Rules. Further information will be requested from your Nominated Dependant(s) at the time of your death.

This form will be treated in the strictest confidence and will normally only be looked at by the Trustee in the event of your death.

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

## YOUR PERSONAL DETAILS

Member name (in CAPITALS):											
Pension/payroll reference no:					NI no:						
Member marital status:											
Home address and postcode:											

## APPLICATION STATUS

Please tick the box that applies to you.

- I am a member of the Fund, I am not married or in a civil partnership and wish to nominate the person(s) specified overleaf to receive a Nominated Dependant's pension.
- I am a Special Category member, but my spouse/civil partner is dependent upon me because he/she is wholly incapacitated, and I wish to nominate my spouse/civil partner, as specified overleaf, to receive a Nominated Dependant's pension.



## NOMINEE DETAILS

You can nominate up to two dependants using this form. To nominate more than two people, please contact ICI Pensions Services.

### Nominee 1

Nominee name (in CAPITALS):

Date of birth:

Relationship to you:

(For example brother, spouse, common law partner)

Nominee's full address:

### Nominee 2 (if applicable)

Nominee name (in CAPITALS):

Date of birth:

Relationship to you:

(For example brother, spouse, common law partner)

Nominee's full address:

## 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(s) 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 understand that, where this application is made for a Nominated Dependant's pension, it will be acknowledged in writing and retained. I further understand that the eligibility of my Nominated Dependant(s) for a Nominated Dependant's pension will only be considered in the event of my death, in accordance with the requirements of the Trust Deed and Rules.

I may revoke this nomination at any time by writing to the Trustee.

Signed:

Date: