

# Nominated Dependant's pension Nomination form



PENSION  
FUND

Use this form if you would like to nominate someone who is not eligible for a full spouse's pension\*, 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** (Please complete in CAPITALS)

Member name:

Pension/Payroll reference no:

National Insurance Number:

Member's marital status:

Member's address and postcode:

## **APPLICATION STATUS**

Please tick the box that applies to you.

I am a member of the Fund, I am not married and wish to nominate the person(s) specified overleaf to receive a Nominated Dependant's pension.

I am a member of the Fund, I am not married (to a person of the opposite sex) 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.

\* This may include:

- a Civil partner
- a partner
- a same-sex spouse
- anyone else who is financially dependent on you

## NOMINEE DETAILS (Please complete in CAPITALS)

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:

Date of birth:

Relationship to you:

(For example brother, spouse, common law partner)

Nominee's full address:

### NOMINEE 2 (if applicable)

Nominee name:

Date of birth:

Relationship to you:

(For example brother, spouse, common law partner)

Nominee's full address:

## 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.
- This application will be acknowledged in writing and retained.
- 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: