

# Nominated Dependant's Pension Application form



**You should complete this form if you would like the Trustee to consider you for a Nominated Dependant's Pension following the death of a member of the ICI Pension Fund (the Fund).**

## **Could you be eligible for a Nominated Dependant's Pension?**

You may be considered for a Nominated Dependant's pension if:

- 1) The member nominated you before their death 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
- 2) You were not nominated by the member before their death but;
  - you 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.

Please return the signed and completed form, with the documents requested, to:

ICI Pensions Services, PO Box 545, Redhill, Surrey RH1 1YX.

**If you have any questions about completing this form, please call ICI Pensions Services on freephone: 0800 916 8021.**

## **IMPORTANT**

- Please **complete all sections of this form** so the Trustee can fairly assess your eligibility.
- Where requested please submit the original documents, otherwise copies are acceptable. We will return any original documents to you by recorded delivery.
- The information you provide is essential to enable the Trustee to assess your eligibility for a Nominated Dependant's Pension. Any missing details may delay your application so please use the checklist at the end of this form to make sure you have provided all the information required.
- You are reminded of your obligation to give full disclosure of your financial circumstances, in order that the Trustee may consider all relevant information when considering your application.
- If the Trustee requires further information to make their assessment, they will request it in due course.

Please complete the form overleaf

# SECTION 1

## PERSONAL INFORMATION (Please use CAPITALS when completing this form.)

### MEMBER'S DETAILS

Please provide the following information about the deceased member.

Member's full name:

Pension/Payroll reference no:

National Insurance Number:

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Member's marital status:

Member's address and postcode:

Date of death of member:

D	D	M	M	Y	Y	Y	Y
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 *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.*

## APPLICANT'S DETAILS

Please provide the following information about yourself.

Your name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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**Please send the original birth certificate with this completed form.**

National Insurance Number:

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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, please summarise your living arrangements since the member's death e.g. living in shared home, inherited shared home.

 *If yes, please provide evidence that you cohabited with the member, for example, a copy of a household bill in your joint names, or a copy of a Council Tax bill, or a letter from your local Council.*

## PROOF OF COHABITATION

### How were the household expenses managed?

Please set out how your daily living and household expenses were paid before the member's death. For example, did you have a joint bank account into which both your own and the member's incomes were paid into?

# SECTION 2

## FINANCIAL INFORMATION

### MEMBER'S INCOME

You must submit **ALL** of the following before we are able to assess your application. Please provide:

1. Using the table below, details of the member's income in the 12 months before the date of their death.

- Make sure there's an entry 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.

 *Please enclose all relevant supporting evidence and information.*

Information required	Total for the last 12 months Enter amount or 'NIL' (£ per year)
Earnings from any employment the member was undertaking at the date of death:	
Pension(s) from previous employer(s) (not including their ICI pension):	
Annuity policies held with an insurance company:	
Permanent health insurance (long term sick pay) from the member's current or former employer:	
Income from investments and savings:	
Income from residential or commercial property:	
Other sources of income:	

2. Copies of **ALL** of the member's bank statements for the 12-month period before the member's death including:

- Jointly held current and savings accounts.
- Any savings or current accounts held in the member's sole name.

## STATE BENEFITS

Please list any State benefits and the amount the member was receiving. This may include State Pensions and Disability Allowances for example:

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

## OTHER POTENTIAL DEPENDANTS

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

Name	Contact details
Dependant 1:	
Dependant 2:	
Dependant 3:	
All other potential dependants: (please list, using a separate sheet if necessary)	

Was the deceased member under any legal obligation to make regular payments to an ex-spouse or other individual?

Yes  No

If yes, please provide details of the amounts payable and contact details of each recipient.

# SECTION 3

## YOUR ASSETS

The Trustee will need to know the details of any assets you hold. Assets can include your savings, residential property (other than your primary home), a commercial property, valuables and investments.

Please provide details including any legacies to which you've become entitled under the member's will **or that you are due to inherit** from other sources within the next 12 months.

**Asset type:** Your home

**Description of Asset:** Primary property – the home that you live in. Only provide details if the property was purchased **after** the member's death.

**Evidence required:**

- (i) details of who owns the property and the extent of your legal and beneficial interest in it; and
- (ii) a copy of any valuation of the property within the last 6 months.

**Evidence supplied:** Not applicable  Attached  To follow

**Asset type:** A property you own **but is not the home you live in**

**Description of Asset:** Secondary property – your interest in any other property, land or buildings (e.g. if you are renting out a property).

**Evidence required:**

- (i) details of who owns the property and the extent of your legal and beneficial interest in it; and
- (ii) a copy of a valuation of the property taken within the last six months.

**Evidence supplied:** Not applicable  Attached  To follow

**Asset type:** Bank accounts held solely by the member and jointly with yourself

**Description of Asset:** All personal bank, building society and National Savings Accounts that you hold or have held in the 12 months prior to the member's death, including joint accounts.

**Evidence required:** For each account, a copy of every monthly bank statement for the 12-month period before the member's death.

**Evidence supplied:** Not applicable  Attached  To follow

**Asset type:** Investments

**Description of Asset:** All investments including shares, PEPs, ISAs, bonds, stocks, unit trusts, investment trusts, gilts and other quoted securities.

**Evidence required:** For each investment, the latest statement or dividend counterfoil relating to each investment showing the total current value of your investment.

**Evidence supplied:** Not applicable  Attached  To follow

**Asset type:** Business assets

**Description of Asset:** Your business interests.

**Evidence required:** For each business you have an interest in, please confirm:

- (i) the name of the business;
- (ii) the nature of the business and your interest in it; and
- (iii) a copy of the last set of business accounts.

**Evidence supplied:** Not applicable  Attached  To follow

**Asset type:** Other capital assets

**Description of Asset:** Any personal or business assets not yet disclosed or Trust assets, such as a discretionary trust, and share option schemes.

**Evidence required:** For each asset please provide:

- (i) the details of the asset; and
- (ii) the current value of the asset.

**Evidence supplied:** Not applicable  Attached  To follow

Please ensure you have provided details of your all current assets, well as any you expect to inherit in the future, before moving to Section 4.

# SECTION 4

## YOUR INCOME

The information we ask for in this section will help us assess your eligibility for a Nominated Dependant's Pension based on your financial dependency on the member and your ability to support yourself financially in the future. Please make sure you provide all the information requested so that we can minimise any delays making a final decision.

**Income type:** Pensions, including those that are not yet in payment. For example: workplace pensions, private pensions, self-invested personal pensions (SIPPs).

**Description of Income:** Pensions

**Evidence required:** For each arrangement please provide the following:

Pensions not yet in payment:

- (i) a copy of your latest annual statement; or
- (ii) if you do not receive an annual statement, the last statement you received.

Pensions in payment:

- (i) your last two P60s; or
- (ii) your payslips covering the 12-month period before the member's death.

**Evidence supplied:** Not applicable  Attached  To follow

If you are not currently working, are you intending to undertake paid employment in the future?

Yes  No

If yes, please provide details. If no, please explain why.

**Income type:** Employment income

**Description of income:** Details of income earned from employment.

**Evidence required:** For each source of employment income, please provide:

- (i) the name of the employer; and
- (ii) your last two P60s or your payslips covering the 12-month period before the member's death.

**Evidence supplied:** Not applicable  Attached  To follow



**Income type:** Self-employed income

**Description of income:** Income earned from self-employment or partnership

**Evidence required:** Please provide:

- (i) name of your business;
- (ii) net income for the last year;
- (iii) details and value of any benefits in kind or other remuneration from the business in the 12 months before the member's death; and
- (iv) any regular income that you take from the business.

**Evidence supplied:** Not applicable  Attached  To follow

**Income type:** State benefits including those not yet in payment

**Description of income:** Any other income not already disclosed that you've received in the last 12 months prior to the member's death even if this income has now stopped.

**Evidence supplied:** Not applicable  Attached  To follow

## OTHER INFORMATION

**Please outline any significant changes in your assets or income during the last 12 months.**

For example, a lump sum death benefit from any of the member's employers or former employers, or a lump sum from any life policy held by the member.

Please provide any other information that you wish to make the Trustee aware of such as the state of your health, caring responsibilities, employment circumstances and prospects for the future.

## 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:

**Please complete the following information ONLY if you are completing this form as a third party for and on behalf of the applicant:**

Your name:

Address and postcode:

Capacity (e.g. acting Power of Attorney):

Evidence of Power of Attorney or other appropriate authority provided

## DATA PROTECTION

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 CHECKLIST

Use this checklist to make sure you have provided all the information required to consider your application. Any missing information could delay your application. Documents marked with an asterisk (\*) must be the originals.

Any original documents will be returned to you by recorded delivery. Don't forget to provide any other non-documentary evidence where we've asked for it.

Action	✓	Comments
<b>I have enclosed the following documents and information:</b>		
<b>Section 1: PERSONAL INFORMATION</b>		
Deceased member's death certificate*		
A certified copy of the member's will		
Applicant's birth certificate		
Marriage certificate/Divorce decree nisi		
Evidence of cohabitation (if applicable)		
<b>Section 2: FINANCIAL INFORMATION</b>		
Evidence to support the member's income		
Evidence of payments the member made to any ex-spouse(s)		
<b>For the 12-month period before the member's death, copies of:</b>		
The member's current account statements		
The member's savings account statements		
Jointly held current account statements		
Jointly held savings account statements		
<b>Section 3: ASSETS</b>		
Evidence of all assets currently held		
Details of any assets I expect to inherit in the future		

Action	✓	Comments
<b>I have enclosed the following documents and information:</b>		
<b>Section 4: INCOME</b>		
Evidence to support my income		
<b>My current accounts</b> Copies of my current account statements for the 12-month period before the member's death.		
<b>My savings accounts</b> Copies my savings accounts statements for the 12-month period before the member's death.		
<b>Joint accounts</b> Copies of the bank statements for all current accounts I held with the member for the 12-month period before the member's death.		
<b>Joint accounts</b> Copies of the bank statements for all savings accounts I held with the member for the 12-month period before the member's death.		
<b>Section 5: DECLARATION</b>		
Evidence of Power of Attorney if applicable		
I have read, understood, signed and dated the declaration		