

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.

Please note that a Nominated Dependant's pension cannot be paid to:

- Your Spouse (which includes a Same-Sex Spouse or Civil Partner) unless your Spouse is not entitled to a Spouse's pension under the Trust Deed and Rules: or
- Your children unless they are over the age of 18 (as a child under the age of 18 would ordinarily qualify for a Child's pension) and where they are over the age of 23, they must generally be dependent on you because of physical or mental impairment**.

This form should be completed only by you as a member of the ICI Pension Fund (the Fund).

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 in order to determine whether these conditions are met.

You should note that once a Nominated Dependant's pension becomes payable, the Trustee has the power to vary or discontinue such a pension if at any time the Nominated Dependant's financial or other circumstances change so that they no longer meet the conditions laid down in the Trust Deed and Rules. Your Nominated Dependant(s)' continued eligibility may be reviewed from time to time.

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 (in CAPITALS):

Pension/Payroll reference no:

National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member's marital status:

Member's address and postcode:

**This may include:*

- a partner
- anyone else who is financially dependent on you who is not eligible for a Spouse's pension

*** Pensions may be able to be paid to children over the age of 23 in certain circumstances for some members.*

APPLICATION STATUS

Please tick the box that applies to you.

- I am a member of the Fund, I am single* 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 married or in a civil partnership but I have made an election to be treated as a single person and this election has been accepted by the Trustee.**
- 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 (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 (in CAPITALS):

Date of birth:

Relationship to you:

(for example brother, parent, common law partner)

Nominee's address and postcode:

NOMINEE 2 (if applicable)

Nominee name (in CAPITALS):

Date of birth:

Relationship to you:

(for example brother, parent, common law partner)

Nominee's address and postcode:

* Single means you do not have a Spouse or Civil Partner (i.e. you have not been married or entered into a civil partnership, your Spouse/Civil Partner has died or you have been married/in a civil partnership but are now divorced/your civil partnership has been dissolved).

** in order to elect to be treated as single you must provide such evidence as the Trustee requests to prove that you have been living apart from your spouse for at least three years.

DATA PROTECTION AND CONFIDENTIALITY

Please note that this form will be stored securely by the Trustee and treated in strict confidence.

The Trustee (ICI Pensions Trustee Limited, whose registered office is at 3rd Floor, 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;
- transfer your personal data outside the European Economic Area (EEA) to a jurisdiction that may not offer an adequate, or equivalent, level of protection according to the laws of your home jurisdiction. However, 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
- retain your personal data for legitimate business reasons or to comply with applicable laws.

In certain circumstances, your personal data may be passed to the Fund actuary and Willis Towers Watson and, where this is the case, the Fund actuary and/or Willis Towers Watson may also be data controllers of your data.

You can find more information about the Fund actuary’s and Willis Towers Watson’s use of data in their data protection policy at www.towerswatson.com/personal-data

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

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

I understand that this nomination will automatically be cancelled if I marry/enter into a civil partnership with someone, unless my spouse/civil partner is not entitled to a spouse’s pension under the Trust Deed and Rules.

Signed:

Date: