

Personal information form



PENSION
FUND

Do we hold the correct information about you?

Your details

Name:

Reference number:

The Fund can pay out benefits if you die leaving a dependant. Please use this form to make sure we have up to date information about you. This will help us to settle your benefits promptly and with minimum fuss and distress to your loved ones.

Please complete the sections that apply to you using CAPITAL letters. We explain how you can submit this form at the end.

Thank you.

SECTION A: YOUR DEPENDANTS

Our records tell us that you are:

Is this correct? YES

If NO, please tell us your marital status:

PLEASE TICK ONE BOX, AS APPLICABLE

I am married

I am single

I am divorced

I am in a civil partnership

I am widowed

I am unmarried in a long-term relationship

Please tell us about your spouse or registered civil partner:

Title:

Forenames:

Gender:

Surname:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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PLEASE GO TO SECTION B, ON THE NEXT PAGE

SECTION B: PENSION PAYABLE ON YOUR DEATH:

If you are married or in a civil partnership please go straight to Section C.

The Fund will pay a pension or a lump sum to a spouse or civil partner. If you are not married or in a civil partnership you can nominate someone who is not eligible for a full spouse's pension to be considered for a pension in the event of your death. This must be someone who is financially dependent on you and who could not reasonably be expected to adequately support themselves financially. A pension will only be paid if, at the time of your death, the nominated dependant(s) satisfy the Trustee that they meet the conditions laid down in the Trust Deed and Rules.

The details below should be completed only by you as a member of the Fund. Please contact ICI Pension Services if you would like to nominate more than two people.

I **do not** wish to nominate someone to receive a pension on my death

OR

I would like the Trustee to consider the person(s) noted below to receive a pension on my death.

Nominee 1

Nominee's full name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Relationship to you:

Nominee's full address:

Nominee 2

Nominee's full name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Relationship to you:

Nominee's full address:

PLEASE GO TO SECTION C, ON THE NEXT PAGE

SECTION C: LUMP SUM DEATH BENEFITS

In certain circumstances, the Fund will pay a lump sum in the event of your death. Who would you like this to be paid to? The Trustee has the final say over who receives the lump sum, but will always take your instructions into account before making a decision. The reason for this is that, as a general rule, under current law, any lump sum death benefit will not be subject to Inheritance Tax where it has been paid this way.

I would like the person(s) named below to be considered for any lump sum benefits under the rules of the Fund, in the event of my death. I understand that the Trustee has complete discretion over the payment and that my request is not binding on the Trustee. This instruction replaces any previous requests signed by me.

Name:

Address:

Relationship to you: Proportion: %

Name:

Address:

Relationship to you: Proportion: %

Name:

Address:

Relationship to you: Proportion: %

Name:

Address:

Relationship to you: Proportion: %

Please make sure the proportions you have allocated total up to 100%. Total: **100%**

PLEASE GO TO SECTION D, ON THE NEXT PAGE

SECTION D: IF YOU HAVE MADE A WILL, WOULD YOU LIKE TO GIVE US DETAILS OF YOUR EXECUTOR?

I prefer not to give details of my executor at this stage:

OR

Details of my executor(s) are given below:

Name(s):

Full address(es):

PLEASE GO TO SECTION E, ON THE NEXT PAGE

SECTION E: DATA PROTECTION AND CONFIDENTIALITY

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

Please sign and date this form and return it to us at:

Email: ici@willistowerswatson.com

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

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.

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.

MEMBER DECLARATION

I confirm that I have notified the relevant individual(s) of the purpose 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 benefit payments. This form overrides any previous version I have completed regarding this Fund.

Signed:

Date: