

Beneficiary's Form (Pensioner)

Please complete this form in **BLOCK CAPITALS** using **BLACK INK**

- Enter details of deceased pensioner in Section 1 • Sign and date Sections 5, 6 and 9 where appropriate
- Complete sections relevant to the benefits being claimed

SECTION 1 Details of Deceased Pensioner

National Insurance Number Title

Surname Forename(s)

Date of Death Former Employer

SECTION 2 Spouse's/Civil Partner's/Nominated Cohabiting Partner's Personal Details

Surname Forename(s) Title

Home Address

Post Code Home Tel. No. Mobile Tel. No.

Email Address* Date of Marriage/Civil Partnership

National Insurance Number Date of Birth

***By providing your email address you have registered for the email service. You will receive copies of newsletters, regular scheme news updates and general updates to the content of the website by email. You will not receive any junk emails as a result of registering for this service. Please tick the box if you do NOT want to register.**

SECTION 3 Method of Payment for Spouse's/Civil Partner's/Nominated Cohabiting Partner's Pension

Please complete any necessary details in CAPITALS. All the information in this section must appear exactly as shown on your statements / bank book / cheque book. Please consult your bank or building society in case of difficulty, as putting the wrong information here means it **will take longer** for you to get your benefits.

Payments Abroad- If you would like your pension paid abroad **do not** complete this section. Please contact us for a special bank form.

Name of Bank or Building Society

Address of Bank/ Building Society

Name(s) of Account Holder(s)

Bank/ Building Society Sort Code Account No.

Society Account No. (if applicable)

SECTION 4 Health Scheme Contributions

*Please delete as appropriate

(Please complete only if you are an **EXISTING** member of Westfield and wish to contribute by deduction from pension).

*Weekly or Monthly amount £

SECTION 5 Declaration

*Please delete as appropriate

I have read the 'Guide to LGPS Benefits on the Death of a Pensioner' and declare that I have completed Sections 1, 2, 3, 4 and 8* on this form correctly to the best of my knowledge and belief.

Signed

Date

SECTION 6 Guardian's Declaration

*Please delete as appropriate

I/We* as parent/guardian(s)/foster parents* of

agree to apply all payments receivable from the South Yorkshire Pension Fund for the sole benefit of the child.

Signed

Date

SECTION 7 Method of Payment of Child's Pension

Please complete any necessary details in CAPITALS. All the information in this section must appear exactly as shown on your statements / bank book / cheque book. Please consult your bank or building society in case of difficulty, as putting the wrong information here means it **will take longer** for you to get your benefits.

Payments Abroad- If you would like your pension paid abroad **do not** complete this section. Please contact us for a special bank form.

Name of Bank or Building Society Address of Bank/ Building Society Name(s) of Account Holder(s) Bank/ Building Society Sort Code Account No. Society Account No. (if applicable) **SECTION 8 Pension Password Service (PPS)**

I wish to register for the South Yorkshire Pensions Authority PPS. I understand that having registered I will be able to check on my pension details, request personal information or change details of my bank account or home address either by telephone or by email. I understand that for security reasons I must register and set up a unique password.

To register please complete this section in **CAPITAL** letters.

Mother's maiden name Password#

#Your password should be no more than 10 characters long. It may be made up of letters and numbers. You should not tell anyone your password.

In future, every time you call or email us you will be asked to confirm your password, your mother's maiden name and at least two other pieces of information personal to you. When we are confident about your identity your request will be processed

SECTION 9 Declaration.

*Please delete as appropriate

I have read the 'Guide to LGPS Benefits on the Death of a Pensioner' and declare that I have completed Sections 1, 6, 7 and 8* of this form correctly to the best of my knowledge and belief.

Signed

Date

DATA PROTECTION

The information you provide on this form will be processed on a database, strictly for the purposes of pensions administration in accordance with relevant legislation.

Authorised and regulated by the Financial Conduct Authority