

## **New Police Pension Scheme 2006**

### **Nomination or revocation of lump sum death grant**

#### ***IMPORTANT: Read these notes before you complete this form***

1. This form allows you to nominate a person to receive a lump sum death grant if you die in service. The amount of the grant is three times your annual pensionable pay at the time of death (or immediately before any period of absence without pay).
2. This form applies only to members of the New Police Pension Scheme 2006 (NPPS). If you are a member of the current Police Pension Scheme, and you die in service, the grant will be paid to your surviving spouse or civil partner (if you have one) or otherwise to your personal representative (normally your estate). If you joined the police service on or after 6 April 2006, you are a member of NPPS unless you opted out. Contact your pensions administrator if you are not sure which scheme you are in.
3. You may nominate anyone you like, including an organisation. You may also nominate as many people or organisations as you like. If you nominate more than one person or organisation, you will need to indicate what proportion of the grant (either a percentage or a fraction) you would like each to receive. If you do not give a proportion, we will divide the grant equally between the people or organisations you have named.
4. The form asks you to state any nominated person's relationship to you. You do not have to give this if you do not wish to, but it will help us deal sensitively with matters if you die.
5. A nomination will not be effective if at the time of your death you leave a surviving spouse, civil partner or unmarried partner who is entitled to benefits under NPPS. In these circumstances, the grant will be paid to that person (refer to the NPPS Member's Guide for more information about the lump sum death grant and about survivor benefits in general).
6. You may wish to consider changing your nomination if your personal circumstances change. It is your responsibility to keep it up to date, including the address of anyone you have nominated.
7. Your pensions administrator will acknowledge the nomination by returning a copy for you to keep. If you wish to revoke your nomination you must do so in writing. You should contact your pensions administrator for a new form.
8. Your nomination is not binding on the police authority. If for any reason we do not pay the grant to the person you have named, we will pay it to your personal representative.

#### **Equiniti Administering Pensions on behalf of the Metropolitan Police Service**

Please fill in this form in Black Ink and in BLOCK CAPITALS, and send it to your force's pensions administrator at the PO box address at the top of this form.

**About you**

<b>YOUR name:</b>	
<b>Pay reference / Warrant no.:</b>	
<b>Home address /Work Location</b>	
	Postcode
<b>Daytime Telephone No.:</b>	

**Your nomination**

<i>I nominate the person or people named below to receive a lump sum death grant in the event of my death whilst in service, subject to the provisions of the Police Pensions Regulations 2006. I understand that if I complete this nomination, it will replace any nomination I have made earlier.</i>		
<b>Person or people you wish to nominate and their relationship to you (see notes 3 and 4)</b>	<b>Their address or addresses</b>	<b>Proportion (see note 3)</b>
Your Signature:		Date:

Please return the completed form to us at the PO Box at the top of this form.

<p><b>FOR ADMINISTRATOR USE</b></p> <p>We have recorded this nomination and cancelled any previous nomination; Date .....</p> <p>Company Stamp:</p>
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- By completing this declaration form you nominate your partner to receive an adult partner's pension payable under the Police Pensions Regulations, subject to the submission of a valid claim in the event of your death.
- This declaration alone does not give your partner entitlement to a pension. If you were to die, the police authority would need to be satisfied that your relationship with your partner met the qualifying conditions for the payment of a pension at the time of your death. Please read this leaflet for more information.
- Please fill in this form in black ink and in BLOCK CAPITALS, and send it to your force's pensions administrator, acting on behalf of the police authority, at the address shown below. They will acknowledge that they have received the form by returning a copy of it to you.
- Please return the completed form to:

Equiniti, PO Box 74737, London, EC4P 4HE

PART 1. ABOUT YOU (THE SCHEME MEMBER)	
Your name	
Pay reference	
Address ( <i>it is your responsibility to tell your pensions administrator if you subsequently change address</i> )	
Postcode	
Daytime telephone number	

PART 2. ABOUT YOUR PARTNER	
Partner's full name including title	
Partner's date of birth	
Partner's address ( <i>this should normally be the same as the address of the NPPS member</i> )	
Postcode	

**Now turn over**

**PART 3. DECLARATION**

- We confirm the following.
  - We have lived together for ..... years, during which time our financial affairs have been interdependent (or the partner has been financially dependent on the NPPS member).
  - We have an exclusive, committed and long-term relationship with each other and we intend to continue this indefinitely.
  - We are not married to each other and we have not formed a civil partnership with each other
  - We are not related in a way that will prevent marriage or civil partnership
  - Neither of us is married to anyone else.
  - Neither of us has formed a civil partnership with anyone else
  - Neither of us is currently nominated as the unmarried partner of anyone else.
- We will tell the scheme administrator in writing if our relationship comes to an end.
- We understand that benefits will not be paid unless the partner provides satisfactory evidence that the declaration above is valid when the NPPS member dies.

Scheme member's signature (*signed in the presence of the witness named below*)

Date

Partner's signature(*signed in the presence of the witness named below*)

Date

**PART 4. WITNESS (NOTE: THE WITNESS IS SIMPLY REQUIRED TO WITNESS THE SIGNING OF THE FORM BY THE SCHEME MEMBER AND PARTNER IN PART 3 ABOVE)**

Name of witness

Address of witness

Postcode

Signature of witness

Date

**FOR ADMINISTRATOR USE**

**We have recorded this nomination and cancelled any previous nomination;**

**Date .....**

**Company Stamp:**