

Please use this form to let the Scheme Administrator know who your Dependants are.
You can specify how you wish the Trustees to apply the benefits by completing a separate 'Expression of Wishes form.'

Scheme name:

Pension Scheme Tax Reference (if known):

Your personal details

Member name:

Date of birth:

National Insurance number:

On your death, your entitlement within the Scheme ("Fund Share") will be used to provide benefits to your beneficiaries in accordance with the Trust Deed. Beneficiaries can include your Dependants, people you nominate, trusts and charities. For administrative reasons, it is important that the Scheme Administrator is aware of who might qualify as a Dependand.

Spouse or Civil Partner or other partner

Please note below your spouse or civil partner. You may also note someone who is not your spouse or civil partner but who you consider financially dependent on you, or with whom your financial relationship with them is one of mutual dependence.

Name:

Date of birth:

DD / MM / YYYY

Relationship:

Current address:

Children under age 23

Please note below any children (including those legally adopted) under the age of 23. Children over this age are only considered Dependants if they remain dependent on you due to a physical or mental impairment. Your children who are not Dependants may still qualify for death benefits from the Scheme either by way of lump sum payments on death, or income payments where you nominate them to do so. You may give such nomination as part of your separate Expression of Wishes.

Name	Date of birth	Relationship	Current address
_____	DD / MM / YY	_____	_____
_____	DD / MM / YY	_____	_____
_____	DD / MM / YY	_____	_____
_____	DD / MM / YY	_____	_____

Other dependants

People dependent on you because of physical or mental impairment, whether they are your children or not, may also qualify as a Dependant. Please note any such people below. You may also include children who remain in full time education.

Name	Date of birth	Relationship	Current address
_____	DD / MM / YY	_____	_____
_____	DD / MM / YY	_____	_____
_____	DD / MM / YY	_____	_____

Declaration

I declare that all of the information that I have provided above is complete and correct to the best of my knowledge and that I will advise the Scheme Administrator of any amendments required, without delay.

I understand that in accordance with data protection laws the Trustees have a valid lawful basis for processing data relating to me and anyone else named on this form, for the purpose of administering and operating the Scheme and paying benefits under it.

I also understand that before returning this form I should read the data protection privacy notice previously provided by the Trustees and also ensure anyone else named on this form has had the opportunity to do so. (If you would like a further supply of privacy notices for this purpose, please contact us.)

Signed: _____

Print name: _____

Date: _____

Please return the completed form to the Scheme Administrator. If this is not Barnett Waddingham, it would be useful to forward a copy to us.