

**NEC STAFF PENSION SCHEME (UK)
NOTIFICATION FORM – PENSIONER MEMBER**

NAME:	NI No:
	DOB:

The Purpose of this form is to notify the Trustees of your:-

- 1) Spouse/Civil partner details, as the rules of this Scheme provide them with pension benefits in the event of your death whilst a pensioner.

And

- 2) to express your wishes with regard to the payment of any lump sum death benefit (5yr guarantee*) that may be payable from the Scheme. Having had regard to your wishes the Trustees will decide; who should receive the lump sum, the apportionment if more than one person is nominated, as well as the value of that lump sum. Please note anyone can be nominated for this benefit, it does not have to be a Spouse or Dependant.

**The 5yr Guarantee Lump Sum*

If a Member dies within five years after the date their pension under the Scheme begins, and before reaching age 75, a lump sum benefit will be payable being the sum of the remaining instalments of pension to which the Member would have been entitled if he had survived for five years from the date his pension began.

Section 1. SPOUSE / CIVIL PARTNER BENEFICIARY

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Please indicate if you are:-

Single	<input type="checkbox"/>	Divorced/Separated	<input type="checkbox"/>
Married/ Civil Partner	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

Full Name of Spouse/Civil Partner: _____

Address:- _____

Post Code: _____

NI Number _____ **DOB** ____/____/____

Date of Marriage/Civil Partnership ____/____/____

Contact Numbers: Telephone: _____

Mobile: _____

Section 2. LUMP SUM BENEFITS - NOMINEES

- If you wish to name more than one person, please state the percentage for each person.
 - If you wish to nominate more than three persons or if there are any special circumstances which you wish the Trustees to consider, please enclose a separate letter with the form to give the additional details.
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Full Name:-

Address:-

Relationship:-

Share of Lump sum death benefit (if appropriate):- _____

Contact Numbers: Telephone: _____

Mobile: _____

Full Name:-

Address:-

Relationship:-

Share of Lump sum death benefit (if appropriate):- _____

Contact Numbers: Telephone: _____

Mobile: _____

Full Name:-

Address:-

Relationship:-

Share of Lump sum death benefit (if appropriate):- _____

Contact Numbers: Telephone: _____

Mobile: _____

SECTION 3. EMERGENCY CONTACT DETAILS

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Full Name:-

Address:-

Relationship:-

Contact Numbers: Telephone: _____

Mobile: _____

I refer to my membership of the above Scheme. While I fully understand that the application of the *lump sum benefits* arising from my death is at the complete discretion of the Trustees, I would like the Trustees to consider the person or persons named above as possible recipients:

Signed _____ Date ____ / ____ / ____

When completed and signed please return scanned/photo copies to pauline.royal@emea.nec.com

Or hard copy post to: **Trustees Office, Athene, Odyssey Business Park, West End Road, South Ruislip, HA4 6QE**