

POLICE PENSION SCHEME

Administered by XPS Administration, PO Box 485, Middlesbrough, TS1 9EE

LUMP SUM DEATH GRANT NOMINATION FORM

This form allows you to nominate who you wish to receive a lump sum death grant if you die in service.

What is the Lump Sum Death Grant?

If you die whilst an active member of the PPS 1987, PPS 2006 or PPS 2015, your 'survivors' may be eligible to receive a Lump Sum Death Grant regardless of whether or not any Adult Survivor's pension is payable.

For members of the PPS 1987 this death grant is normally equal to two times your annual pensionable pay at the time of death. For members of the PPS 2006 and PPS 2015, this death grant is normally equal to three times your annual pensionable pay at the time of death.

Who can nominate a beneficiary to receive the Lump Sum Death Grant?

This form applies only to members of the PPS 2006 and PPS 2015 (there is no facility within the PPS 1987 to nominate anyone to receive a lump sum death grant).

If you are a PPS 2006 or PPS 2015 member and you die in service, the grant will be paid to your surviving spouse or civil partner (if you have one) or to a surviving declared partner (at the discretion of your Police Pension Authority). Otherwise, the lump sum death grant will be paid to your personal representative (normally your estate).

You may, however, nominate a recipient(s), including an organisation to receive the lump sum death grant, if you leave no spouse or partner. You may also nominate as many people or organisations as you like. If you nominate more than one person or organisation, please 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.

The form asks you to state any nominated person's relationship to you. You do not have to give this, but it will help us deal with matters sensitively if you die.

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.

For further information, please visit www.myownpension.co.uk or contact the Pensions Unit on:

Tel: 01642 030692

Email: penmail@xpsgroup.com

WARNING

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 scheme regulations. In these circumstances, the grant will be paid to that person (refer to the PPS 2006 or PPS 2015 Members' Guide, as applicable, for more information about the lump sum death grant and about survivor benefits in general).

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.

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PLEASE READ THE NOTES ON THIS FORM BEFORE COMPLETION

Police Force	<input type="text"/>			
Pension Scheme	PPS 1987 <input type="checkbox"/>	N/A <input type="checkbox"/>	PPS 2006 <input type="checkbox"/>	PPS 2015 <input type="checkbox"/>
Surname	<input type="text"/>	First Name(s)	<input type="text"/>	
Title	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
NI Number	<input type="text"/>	Marital Status	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Email Address	<input type="text"/>	Telephone Number	<input type="text"/>	

In the event of my death, I would like my Police Pension Authority to consider making payments of any cash sum due from the Police Pension Scheme as indicated below. I understand that my Police Pension Authority is not bound by this nomination.

Personal Details - Nomination 1

Surname	<input type="text"/>	First Name(s)	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Relationship	<input type="text"/>	Proportion %	<input type="text"/>	(A)

Personal Details - Nomination 2

Surname	<input type="text"/>	First Name(s)	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Relationship	<input type="text"/>	Proportion %	<input type="text"/>	(B)

Personal Details - Nomination 3

Surname	<input type="text"/>	First Name(s)	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Relationship	<input type="text"/>	Proportion %	<input type="text"/>	(C)

If additional nominations are required enter the details on a separate sheet. A + B + C must total 100%

Declaration – THIS FORM MUST BE SIGNED

Signed: Date / /

AFTER COMPLETION PLEASE RETURN TO THE ADDRESS SHOWN ON THE FRONT