



CIVIL SERVICE PENSIONS

NOMINATION/AMENDMENT OF DEATH BENEFIT

Please complete this form in black ink and in CAPITAL LETTERS, and send it to your pensions administrator.

Your name	<input type="text"/>	Your employer	<input type="text"/>
Address	<input type="text"/>	Pay reference	<input type="text"/>
Postcode	<input type="text"/>		
Telephone no	<input type="text"/>		

YOUR NOMINATION FOR DEATH BENEFIT

I would like the person listed below to receive any lump sum benefit which may be payable when I die under the rules of the Civil Service pension scheme. I understand that if I fill this form in, it will replace any form I have filled in earlier.

Person I want to name and relationship (see note 1)	Their address (including postcode)

Your signature	<input type="text"/>	Date	<input type="text"/>
-----------------------	----------------------	-------------	----------------------

Full name of witness (not someone you want to name)	<input type="text"/>	Witness's home address <input type="text"/>
Witness's signature	<input type="text"/>	
Date	<input type="text"/>	

Notes

1. You do not have to give the person's relationship to you, but it can help our administrators deal sensitively with matters after you die.

