



CIVIL SERVICE PENSIONS

REVOCAION OF NOMINATION FOR 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"/>		

I hereby revoke the nomination made for :

Name: (full name)
Address

Your signature	<input type="text"/>	Date	<input type="text"/>
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Full name of witness
(not someone you want to name)

Witness's home address

Witness's signature

Date

FOR ADMINISTRATOR USE

We have recorded this instruction and cancelled any previous nomination

Signed	Date
Name	Telephone
Office Address	