

NHS Pensions - Lump sum on death benefit nomination (DB2)

Notes

Please read these notes before completing the lump sum on death benefit nomination form.

Important

Please be aware that the form will be rejected and you will need to complete a new form if:

- **you have not initialled and dated any amendments you have made**
- **it has been signed and witnessed on a different date**
- **information is missing**

You may use this form **only** if you have pensionable membership on or after 1 April 2008 in the NHS Pension Scheme. If your pensionable membership ends before 1 April 2008 refer to form DB1. Your pensionable membership may have started before 1 April 2008 but providing you have pensionable membership on or after 1 April 2008 you can complete this form.

If you want your spouse or registered civil partner to receive 100% of your lump sum on death benefits you do not need to complete this form, as they will receive it automatically, unless you have previously nominated someone else to receive it.

If you have nominated your partner to receive an adult dependant's pension by completing a partner nomination form (PN1), once all eligibility for the adult dependant's pension has been established they will also receive 100% of the lump sum on death benefit unless you nominate someone else to receive the lump sum payment on a DB2.

You may change your lump sum on death benefit nomination by either:

- submitting a new application (DB2) to nominate someone else
- cancelling an existing one using form NOM 1 to enable your new spouse / registered civil partner to receive 100% of the lump sum on death benefit automatically

A new nomination will replace an existing one automatically.

You can nominate as many people as you like, or alternatively one organisation. An organisation must be one of the following:

- a body corporate
- an unincorporated body
- your legal personal representative(s)

An individual nomination will not be valid, if at the time of your death:

- a previous nomination has been revoked
- a nominee has died
- a nominee has been convicted of your murder or manslaughter
- the nominee cannot be traced

In these circumstances, their proportion of the lump sum will be paid to your estate.

If the nominee is a child, or is awaiting confirmation of their National Insurance number, please do not delay

the return of the completed form. You should write to us at a later date confirming the National Insurance number.

Please ensure you inform us of any change of address of your nominee(s).

The lump sum on death benefit must be paid within two years of the date upon which the Scheme Administrator was first notified of your death otherwise it will be subject to a HM Revenue & Customs (HMRC) tax charge of up to 45%. NHS Pensions has no discretion and must deduct this tax charge from the lump sum.

If you nominate more than one individual select either 'equal share' or enter the proportion, as a percentage of the total benefits each individual should receive, where indicated on the form. **The total of the proportions must equal 100%.**

Important Note: If you are completing the lump sum on death benefit nomination in favour of your partner and want them to receive an adult dependant's pension when you die, you should complete a 'Partner Nomination Form' PN1 (please read the notes before completing the form). Forms PN1, NOM1, DB1 and DB2 are available from our website www.nhsbsa.nhs.uk/nhs-pensions

NHS Pensions - Lump sum on death benefit nomination

To be completed by the applicant in all cases

Part 1- Personal details

Please type in the fields below then print off and sign, or print and complete in CAPITAL LETTERS using BLACK INK (All fields marked with * are mandatory)

* Title (Mr, Mrs, Miss, Dr)

* Surname

* Other names

SD number

* National Insurance number

* Date of birth

* Address

Post code

* Contact telephone number

Email address

Gender

Male

Female

Part 2 - Nominee details

Complete Section 2.1 for individual nominee details OR 2.2 for organisation or legal personal representative(s). DO NOT COMPLETE BOTH.

Part 2.1 - Individual nominee details

* Title (Mr, Mrs, Miss, Dr)

* Surname

* Other names

* National Insurance number

* Date of birth

* Relationship to member (if any)

* Address

Post code

* Contact telephone number

Email address (if known)

Gender

Male

Female

* Tick this box for an equal share

or enter a proportion of the total in this box

%

Individual nominee details (continued)

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

National Insurance number

Date of birth

Relationship to member (if any)

Tick this box for an equal share

or enter a proportion of the total in this box %

Address

Post code

Contact telephone number

Email address (if known)

Gender

Male

Female

Individual nominee details (continued)

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

National Insurance number

Date of birth

Relationship to member (if any)

Tick this box for an equal share

or enter a proportion of the total in this box %

Address

Post code

Contact telephone number

Email address (if known)

Gender

Male

Female

Individual nominee details (continued)

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

National Insurance number

Date of birth

Relationship to member (if any)

Tick this box for an equal share

or enter a proportion of the total in this box %

Address

Post code

Contact telephone number

Email address (if known)

Gender

Male

Female

Please download this page again if required

**Part 2.2 - Organisation or legal personal representative nominee details.
Not to be completed if Part 2.1 has been completed**

* Name of organisation or personal representative

* Company registration number (if applicable)

* Address

* Post code										

Part 3 - Declaration

Please sign this in the presence of a witness

- I would like the individual(s) or organisation named on this form to receive any lump sum on death benefit payable upon my death. I confirm that any previous nominations I have made are cancelled in favour of this one.
- I consent to the disclosure of information on this form for the purposes of verification and in compliance with the Data Protection Act, to and from other organisations.
- I understand that the administration of NHS Pensions and responsibility for counter fraud and security management (NHS Protect) in the NHS are both responsibilities of the NHS Business Services Authority (NHSBSA).
- I understand that NHS Pensions may share information on this form with NHS Protect for the purposes of prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.
- I understand that if I provide NHS Pensions with false or misleading information, I may be liable to criminal, civil and/or disciplinary proceedings

* Signature

* Date

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Part 4 - Witness details

A witness must be an authorised Bank Official, Civil Servant, Doctor, Magistrate, Minister of Religion, Solicitor or other registered UK voter - it must not be your spouse, civil partner, partner or nominee.

- I declare that I am the person named below
- I CERTIFY that the above Declaration was signed and dated IN MY PRESENCE by the member, whom I believe to be the person named.
- I understand that if I provide NHS Pensions with false or misleading information, I may be liable to criminal / civil proceedings

* Title (Mr, Mrs, Miss, Dr)

* Surname

* Other names

* Witness signature

* Address

* Post code										

* Date (This date must be the same as the Declaration date at part 3)

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Part 5 - Checklist

MUST BE COMPLETED BY THE MEMBER BEFORE SENDING THE FORM

We cannot accept a form incorrectly completed

- The form has been signed and witnessed on the same date
- Any amendments have been initialled and dated
- Only Part 2.1 OR Part 2.2 has been completed
- The spouse / registered civil partner is **NOT** the only nominee in part 2 (refer to notes)
- Nominees date of birth and National Insurance number are included (if applicable)
- Company registration number at Part 2.2 is included (if applicable)

Now send this form to:

NHS Pensions
PO Box 2269
Bolton
BL6 9JS