

Avon Pension Fund

LOCAL GOVERNMENT PENSION SCHEME

Bath & North East Somerset Council
Floor 3 South, Riverside, Temple Street, Keynsham, BS31 1LA
Tel: 01225 477000 ~ Fax: 01225 395258 ~ Email: pensionsedi@bathnes.gov.uk
Web: www.avonpensionfund.org.uk



DEPENDANT CHILD AGED 18 TO 23 – ANNUAL DECLARATION

LGPS 22A-2008

SURNAME: TITLE:

FORENAME(S):

DATE OF BIRTH: NI NUMBER:

PENSION NUMBER:

HOME ADDRESS:

POST CODE:

TERM TIME ADDRESS (If different):

POST CODE:

TELEPHONE NUMBER: MOBILE NUMBER:

EMAIL ADDRESS:

- I confirm that I am in full-time education or vocational training and hereby apply for payment of a Survivors Pension as an eligible dependent child between the ages of 18 and 23.
- I understand that I will no longer be eligible to receive a Survivors Pension if I leave full-time education or vocational training and that I must inform Avon Pension Fund without delay.
- I undertake to repay to Avon Pension Fund any pension they may pay to me while I am not in full-time education or vocational training.

SIGNED: DATE:

What should I do with this form now?

- First of all you must get your School, College, University or Training Provider to fill in the other side of this form.
- Then you must send the completed form to Avon Pension Fund, Bath & North East Somerset Council, Floor 3 South, Riverside, Temple Street, Keynsham, BS31 1LA

Confirmation from Education Institution / Training Company

- that the person named overleaf is in full-time education or training

NAME OF EDUCATION INSTITUTION, TRAINING COMPANY:

ADDRESS:

POST CODE:

NAME OF COURSE:

LENGTH OF COURSE:

QUALIFICATION IT WILL PROVIDE:

DATE ON WHICH THE CURRENT ACADEMIC / TRAINING YEAR CEASES:

I hereby confirm that the person named overleaf is duly enrolled on a full-time education or vocational training course for the current academic or training year

SIGNED: DATE:

FULL NAME:

POST HELD:

TELEPHONE NUMBER:

EMAIL ADDRESS:

COMPANY / INSTITUTION STAMP: