## **Avon Pension Fund**

## **Local Government Pension Scheme**

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## Beneficiary's application form for a spouse's / Civil Partner's / Cohabiting Partner's pension

**LGPS 22** 

This form should be completed by the spouse, civil partner or cohabiting partner of the deceased to enable us to make payment of a survivor's pension.

PART 1 - Details of the person who	has died
SURNAME:	TITLE:
FORENAME(S):	
DATE OF BIRTH:	
DATE OF DEATH:	
PART 2 – Your Details	
SURNAME:	TITLE:
FORENAME(S):	
	NI NUMBER:
HOME ADDRESS:	
	POST CODE:
TELEPHONE NUMBER:	MOBILE NUMBER:
Please tick one of the boxes below	then sign and date this Part.
SPOUSE / CIVIL PARTNER	
	Civil Partner of the person named in Part 1 above and that at the d or had dissolution of our Civil Partnership.
☐ COHABITING PARTNER	
	n will only be payable to an eligible cohabiting partner if the o the Local Government Pension Scheme on or after the 1 <sup>st</sup>
I declare that I am the Cohabiting Part continuous period of at least two years	ner of the person named in Part 1 above and confirm that for a sprior to the date of death:-
SIGNED:	DATE:

## PART 3 – Method of Payment for Spouse's / Civil Partner's / Cohabiting Partner's Pension

**Direct to my Bank / Building Society Account - I** request that the pension due to me be credited to the following bank / building society. Please note that if there is also a death grant payable, which is to be paid directly to you, this will also be credited to the below account:

NAME OF BANK / BUILDIN	IG SOCIET	ΓY:										
ADDRESS:												
NAME OF ACCOUNT HOL	DER:											
SORT CODE:												
ACCOUNT NUMBER:												
ROLL NUMBER: (if applicable)												
PART 4 – Other Information	on											
Does the person named in laccepted by the deceased adeath?												
YES NO If y	es, how ma	any?										
(Separate child's pension a claim a pension)	pplication f	orm(s) v	vill need	to be	comp	eted	for ea	ich ch	nild in	order	for th	em to
Does the person named in l (LGPS), in England or Wale							al Go	vernn	nent F	Pensic	on Sch	neme
YES NO If y	es, please	provide	the nam	e of th	ne Ad	minist	ering	Auth	ority			
PART 5 – Please provide	us with the	e follow	ing doc	umen	tatior	า:-						
Your Late Partne	er's Death	Certifica	te									
Your Birth Certifi	icate											
Your Marriage / (if you are the spous		•			amed	in Par	t 1)					
If you are not the spouse or cohabiting partner's pension least two years up to the da and that you lived together. mortgage statements, bank	n then plea ite of death Some exa	se also you we amples o	provide a re financ of docum	adequ cially ir	ate e nter-d	videnc lepenc	ce tha	t for a	a con	tinuou on naı	is perion	n Part 1
PART 6 - Declaration												
I certify that, to the best of n	ny knowled	lge and	belief, th	ie abo	ve inf	ormat	ion is	corre	ect an	nd com	nplete.	
SIGNED: DATE:												

**Data Protection:** Avon Pension Fund is a Data Controller under the General Data Protection Regulations. We store, hold and manage your personal data in line with statutory requirements to provide you with pension administration services. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, visit www.avonpensionfund.org.uk/privacy-notice