

# Avon Pension Fund

## Local Government Pension Scheme

**Post:** Avon Pension Fund, Bath & North East Somerset Council,  
Lewis House, Manvers Street, Bath, BA1 1JG

**Web:** [www.avonpensionfund.org.uk](http://www.avonpensionfund.org.uk)

**Tel:** 01225 395100

**Email:** [avonpensionfund@bathnes.gov.uk](mailto:avonpensionfund@bathnes.gov.uk)

**Fax:** 01225 395258



### Dependent child aged 18 to 23 – annual declaration

**LGPS 22C**

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, Lewis House, Manvers Street, Bath, BA1 1JG

**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](http://www.avonpensionfund.org.uk/privacy-notice)

LGPS22C-20180521

**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: