

# Avon Pension Fund

## Local Government Pension Scheme

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

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### Family Details Questionnaire

LGPS 22E

#### PART 1 - Details of the person who has died

SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FORENAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NI NUMBER: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

#### PART 2 – Details of Spouse / Civil Partner / Cohabiting Partner

SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FORENAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

#### The above named is the deceased member's:-

SPOUSE / CIVIL PARTNER

COHABITING PARTNER – Cohabiting for approx. \_\_\_\_\_ Years \_\_\_\_\_ Months

#### PART 3 – Details of Children who may be entitled to a pension

Please provide details of any natural or adopted children of the member and also any step-children, or children accepted by the deceased as a member of the family who were dependent on the member at the date of death.

Full Name	Date of Birth	Last Known Address

**PART 4 – Death Grant Lump Sum – Identification of ‘Eligible Recipient(s)’**

The Avon Pension Fund has absolute discretion with regard to the payment of any lump sum death grant payable in respect of the deceased. Please use this section to provide details of any other family member who may have a potential claim on the member’s estate or any other person with whom the deceased had a close relationship. Please continue on a separate sheet if necessary.

Full Name	Relationship	Last Known Address
<b>Any Comments:-</b>		

**PART 5 – Other Information**

a) Who is dealing with the deceased’s estate?

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP TO DECEASED: \_\_\_\_\_

b) Do they intend to apply for Grant of Probate of Will or Letters of Administration?

**YES/NO** (Please attach a copy of the will to this form if applicable)

c) Does the person named in Part 1 hold any other benefits within the Local Government Pension Scheme (LGPS), in England or Wales, with any other administering authority?

**YES / NO** – If yes, please provide the name of the Administering Authority  
\_\_\_\_\_

**PART 6 – Declaration (to be completed by the person providing the information on this form)**

I certify that, to the best of my knowledge and belief, the above information is correct and complete and understand that if there are any inconsistencies with the information provided this may result in the recovery of any payments made.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TEL NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO THE DECEASED: \_\_\_\_\_

**Once completed please return this 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)