

NOMINATION BY MEMBER OF A DEPENDANT

Member Name: _____ **Member Reference:** _____

Date of Birth: _____ / _____ / _____

Your Home Address: _____
 (in capitals) _____

Email Address: _____

To the Trustees of the Scheme:

In the event of my death I nominate the person named below as my dependant. I would like the Trustees to exercise their discretion and award the Dependants pension under Rule 5.

Name	Address	Date of Birth	Relationship

Important: Your spouse or registered civil partner will be automatically treated as your Dependants and you do not need to complete this form. No other Dependants pension will be payable.

Declaration

I have read and understood the notes overleaf and I express my wish for the above individual(s) to receive payment of any Scheme lump sum death benefit upon my death.

Signed: _____ Date: _____

Witness to your signature: (please read the accompanying notes for further information)

Name: _____

Address: _____

Signed: _____ Date: _____

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ACCOMPANYING NOTES**

Rule 5 of the Scheme provides for a pension to be paid to a dependant following the death of a member. A pension will automatically be paid to your spouse or registered civil partner. If you are not married or do not have a surviving registered civil partner it may be possible for the Trustees to pay a pension to someone who was dependent on you (please see the definition below). This form is for you to notify the Trustees of any dependant you may have. You may change your nominated dependant at any time by completing a new form.

Definition of Dependant:

A Dependant is a person who is financially dependent on or interdependent with you as at the date of your death. This may be someone, such as a partner or an aged parent. You cannot nominate a child unless they are permanently incapable of financial self support through a physical or mental handicap.

By completing and signing this form:

- I understand that the Trustees of the Cadent Gas Pension Scheme are not bound by my wishes and that it is at their discretion as to whom should be awarded the Dependant's pension.
- I understand that by me providing personal information about the individual I nominate, the Trustees will use it for the purposes of determining the award of any Dependant's pension payable upon my death.
- I understand that if I am married or in a registered civil partnership at the date of my death, my spouse/civil partner will receive the Dependant's pension irrespective of this nomination, which will cease to have effect.
- I understand that the information I am providing to the Trustees on this nomination may be special categories of personal data.
- I understand the Trustees can disclose the information contained on this form to their appointed professional advisers as they deem necessary.
- I acknowledge that the information I am providing will be retained by the Trustees for as long as necessary in order to ensure the proper administration of the Scheme.

Witness Signature

You must only sign this form in the presence of a witness. The witness will need to complete the witness section at the same time. A witness can be any person **excluding** anyone nominated on the form or a relative.

Please return this completed form to: Mercer, Maclaren House, Talbot Road, Stretford, Manchester, M32 0FP or upload via the secure web portal at www.contact.mercer.com.