## **Business Services Authority**

## NHS Pensions - Lump sum on death benefit (DB1)

Instructions to pay your legal personal representative Cancellation of previous nomination / instruction

This form is for use by Scheme members who left pensionable employment before 1 April 2008.

The form may also be used by pension credit members where their Pension sharing order (PSO) was implemented before 1 April 2000.

This form enables you to:

- Instruct us to pay your lump sum on death benefit to your legal personal representative instead of your spouse or registered civil partner.
- · Cancel a previous nomination for a person or organisation to receive your lump sum on death benefit.

Note: If you cancel a previous nomination to pay a named person or organisation your lump sum on death benefit will then be payable to your estate if you were single or to a legal spouse or registered civil partner. You can only make a new nomination using form DB2 if you have pensionable membership on or after 1 April 2008.

## **About yourself**

Please type in the fields below then print off and sign, or print and complete in CAPITAL LETTERS using BLACK INK (All fields marked with \* are mandatory)

* Title (Mr, Mrs, Miss, Dr)	* Address
* Surname	
* Other names	
	* Post code
SD number	Contact telephone number
* National Insurance number	Email address
* Date of birth	Gender
	Male Female

## About your instructions - (tick only one box below - A or B)

Now send this form to: NHS Pensions, PO Box 2269, Bolton, BL6 9JS

Α.	In the event of my death, I want my legal poon death benefit payable <u>instead</u> of my spo	ersonal representative to receive any lump sum ouse or registered civil partner.
	k this box if you <b>do not</b> want your spouse or re h benefit.	gistered civil partner to receive the lump sum on
Deta	ils of the spouse or or registered civil partner y	ou <i>do not</i> want to pay
* Title	e (Mr, Mrs, Miss, Dr)	* Address
* Ful	I name	
* D - 1	L £ l.:	
- Dat	te of birth	* Post code
В.	I want to <u>cancel</u> a previous nomination or gregistered civil partner.	cancel a request not to pay my spouse or
or regautor	gistered civil partner. In the event of your deat	nination or cancel a request <b>not to</b> pay your spouse h, any lump sum on death benefit would be paid spouse if you are married or your registered civil
Ask	ut your signature and witness someone, other than any person named on this ature below. Then ask them to complete their o	•
Plea	se sign this form in the presence of your wi	tness.
* You	ur signature	* Date / / /
	ness must be an authorised Bank Official, Civil itor or other registered UK voter.	Servant, Doctor, Magistrate, Minister of Religion,
Witne	ess details	
* Full	I name	* Home address
i ui	THAITIC	
* Occ	cupation	
		* Post code
* Wit	ness signature	* Date       /       /
	require any further information regarding your see select 1 option).	nomination how would you prefer to be contacted
<u> </u>	Telephone Email Letter	