

## Reply Form – Annual Benefit Statement 2014

There is no need to return this form if your details are correct

Please help us to help you by making sure that we have the correct information on our files. Carefully check the information shown on your Annual Benefit Statement and use this form to notify us of any amendments that you wish to make. It would help us if you could **tick the relevant box** on the left hand side where an amendment is required.

Full Name:

N.I. Number:

Employee Number:

**Please revise my record to reflect the following: (Please complete in BLOCK CAPITALS)**

Title:

Forename(s):

Surname:

Previous Surname:

(If a change of name is due to a change of circumstances, please provide the relevant copies of certificates)

N.I. Number

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Address:

Post Code:

Date of Birth:

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Marital Status:

Date of change:

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(Please provide photocopies of birth, marriage, civil registration and decree absolute certificates where applicable)

Tel. No:

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**Details of your pension enquiry** (For Death Grant nominations please complete form overleaf)

**You must sign here to authorise us to update your information:**

**Signed:**

**Date:**

Please return completed form to:  
**Cheshire Pension Fund, Cheshire West and Chester Council,**  
**HQ, Nicholas Street, Chester, Cheshire CH1 2NP.**

## Death Grant – Expression of Wish Form 2014

### Your Personal Details (Please complete in BLOCK CAPITALS)

Full Name:

N.I. Number:

Employee Number:

**Signed:**

**Date:**

In the event of my death, I request that you exercise the discretion granted by the Local Government Pension Scheme Regulations 2013 and pay any Death Grant to the person or persons named below. I understand that this document does not restrict the absolute discretion of the Scheme administrators and also that it may be revised or revoked by me at any time.

I request that the following nominations be used for all my employee assignments.

<b>1</b>	Name:	Date of Birth:
	Address:	
		Postcode:
	Relationship:	Proportion of benefit: %

<b>2</b>	Name:	Date of Birth:
	Address:	
		Postcode:
	Relationship:	Proportion of benefit: %

<b>3</b>	Name:	Date of Birth:
	Address:	
		Postcode:
	Relationship:	Proportion of benefit: %

<b>4</b>	Name:	Date of Birth:
	Address:	
		Postcode:
	Relationship:	Proportion of benefit: %

**The total proportion of benefit must equal 100%. Please keep your nomination details up to date.**

Please return completed form to:  
**Cheshire Pension Fund, Cheshire West and Chester Council,  
 HQ, Nicholas Street, Chester, Cheshire CH1 2NP.**