

# Reply Form Annual Benefit Statement 2016

**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. Check carefully the information shown on your benefit statement and complete this form to notify us of any amendments that you wish to make.

**Full Name** 

.....

**NI Number\*** 

.....

**Job Ref.** 

.....

\*Please complete in all cases

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



**Title** 

.....

**Forename(s)** 

.....

**Surname** 

.....

**Previous Surname** 

.....

**Address** 

.....

.....

.....

**Postcode** 

.....

**Tel. No.** 

.....

**N.I No.** 

.....

**Date of Birth** 

.....

**Partnership Status** 

.....

**Date of change** 

.....

Please provide photocopies of Birth, Marriage, Civil Registration and Decree Absolute certificates where applicable

**Details of your pension enquiry** 

**You MUST SIGN here to give us the authority to update your information.**

**Sign** 

.....

**Date** 

.....

**Please email a completed and signed copy (along with any supporting documentation) to:**

Pensions@cheshirewestandchester.gov.uk

**Alternatively return to the following address:** Cheshire Pension Fund, Cheshire West and Chester Council, Council Offices, 4 Civic Way, Ellesmere Port, CH65 0BE

# Death Grant Expression of Wish Form 2016

Please complete in BLOCK CAPITALS and ensure that you sign the form.

**Your personal information**



Title Full Name

Job ref. NI Number

**In the event of my death, I request that you exercise the discretion granted by the Local Government Pension Scheme (Administration) 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 *(Please Tick)*

Name Date of Birth

Address

Postcode

Relationship Proportion of Benefit %

Name Date of Birth

Address

Postcode

Relationship Proportion of Benefit %

Name Date of Birth

Address

Postcode

Relationship Proportion of Benefit %

Name Date of Birth

Address

Postcode

Relationship Proportion of Benefit %

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

Sign Date

**Please email a completed and signed copy (along with any supporting documentation) to:**

Pensions@cheshirewestandchester.gov.uk

**Alternatively return to the following address:** Cheshire Pension Fund, Cheshire West and Chester Council, Council Offices, 4 Civic Way, Ellesmere Port, CH65 0BE