

Reply form

Annual Benefit Statement 2018

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 fill in this form to tell us about any changes that you want to make.

Full name 

.....

Reference 

.....

Job reference 

.....

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



Title 

.....

First names 

.....

Surname 

.....

Previous surname 

.....

Address 

.....

.....

Postcode 

.....

National insurance number 

.....

Phone number 

.....

Date of birth 

.....

Partnership Status 

.....

Date of change 

.....

Please provide photocopies of change to birth, marriage, civil registration and decree absolute certificates if this applies.

Details of your pension enquiry 

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

Sign 

.....

Date 

.....

Please email a filled in and signed copy (along with any supporting documents) to:

Pensions@cheshirewestandchester.gov.uk

or return to: Cheshire Pension Fund, Cheshire West and Chester Council, Council Offices, 4 Civic Way, Ellesmere Port, CH65 0BE.

Death grant Expression of Wish Form 2018

Please fill in the form in **BLOCK CAPITALS** and make sure that you sign the form.

Your personal information  

Title  **Full name** 

Job reference  **Person reference** 

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** 

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