



NOMINATION FORM

Lump sum death benefits

The person (s) nominated must be your “**dependant(s)**”. These may be any of the following:

- your **widow/widower/civil partner**;
- your children or grandchildren;
- your grandparents and the grandparents of your **widow/widower/civil partner**, and the grandparents of any previous or deceased wife or husband of yours;
- your parents, uncles, aunts and cousins, and the parents, uncles, aunts and cousins of your **widow/widower/civil partner**, and the parents, uncles, aunts and cousins of any previous or deceased wife or husband of yours, and the spouses of any such uncles, aunts and cousins;
- any person (whether they are 18 or not) to whom you have at any time put yourself in the role of a parent or their children, and any person who held you in role of a parent of their children.

Any person who the **trustee** consider was wholly or partly dependent on or financially inter-dependant with your **earnings** at the time of your death – such as a ‘common law’ partner, fiancé or fiancée, living at the same address – may also qualify in these circumstances. But please note that no spouse's pension would be payable.

If you wish to nominate someone outside the above categories, the Pensions Office recommends that you have a Will drawn up which gives clear instructions similar to this Nomination Form. The **trustee** can, where appropriate, make payment to your legal representative.

Your information:

Surname

Title Mr Mrs Ms Miss Dr

Please delete as appropriate

Forenames

Other

Date of birth

National Insurance number

Place of employment

Home address

Signature

Date

Please return the completed form to:

British Steel Pensions Office

Freepost RLXS-ZXKT-AUER

6th Floor

Sentinel

105 Waterloo Street

Glasgow

G2 7BW

Telephone: Coten 7 380 266 (internal)

0330 440 0802 (external)

The Pensions Office will acknowledge its receipt.

THE NOMINATION

To be completed by the **member**. Please use block capitals.

In the event of my death, I would like the **trustee** to consider paying any lump sum payable under the **scheme rules** to the following:

Full name	Address	Relationship to you	Share*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that my wishes are not binding on the **trustee** and I may, at any time, cancel or amend this nomination by submitting another Nomination Form.

I understand that the **trustee** and their advisers and administrators (as detailed in the Annual Report & Accounts) will need to process certain data about me. I further understand that this may include items categorised under the Data Protection Act 1998 as "sensitive data". I accept that the **trustee**, and their advisers and administrators, need this data to pay benefits. I agree to this processing taking place.

* a fraction (1/2, 1/4 etc.) or a percentage (%) The shares must add up to 1 or 100%