

## NOMINATION OF DEATH BENEFIT

Dear Member,

As a member of the Principal Civil Service Pension Scheme (Northern Ireland) [PCSPS(NI)] you qualify for benefit payable in the event of your death. This benefit can be as much as three times your annual salary. It is for **you** to decide how and to whom this benefit should be paid, you may appoint more than one nominee (for definition of nominee see notes overleaf). In the absence of a nomination this benefit will be paid directly to your personal representative therefore it is important that your instructions always reflect your wishes.

You may nominate more than one person (spouse/relatives/friends/charities/etc.) to receive the benefit. If you wish, you may nominate a solicitor and make separate provision with that solicitor to distribute the benefit to your beneficiaries on your death.

You may change your nomination details at any time while you are still employed by the Northern Ireland Civil Service (NICS) by completing a new DB 2. Or, if you do not wish to make new nomination(s) but wish to revoke your current nomination(s), a revocation form (RDB 2) can be obtained from us at the address below. After you have left/retired from the NICS there is no restriction on when you can change your beneficiaries.

### What to do now

The attached form should be used to notify us (address below) of your wishes regarding the death benefit which may become payable from the Pension Scheme. **Please keep this part of the form** and note in the box provided below the details of the individual(s) you have nominated (a full copy of the nomination form will be sent to you once the details have been recorded).

**Nominee(s)** (see Definition of Nominee overleaf)

1. Name (including title): \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_
2. Name (including title): \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_
3. Name (including title): \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Return your completed form to:

Civil Service Pensions  
Waterside House  
75 Duke Street  
Derry / Londonderry  
BT47 6FP  
Tel: (028) 7131 9000  
Fax: (028) 7131 9234  
E-mail: [cspensions.cpg@dfpni](mailto:cspensions.cpg@dfpni)  
Web: [www.civilservicepensions-ni.gov.uk](http://www.civilservicepensions-ni.gov.uk)



The PCSPS(NI) will pay a death benefit lump sum of three times your pensionable earnings if you die in service. To qualify for this death in service benefit you must be a member of the PCSPS(NI) i.e. be either in the classic plus; partnership; premium or nuvos arrangements. If you opt out of the PCSPS(NI) or are a casual employee who has NOT opted for partnership this benefit will not be payable.

1. You will be sent a copy of the attached form to keep.
2. You are responsible for:
  - making sure that your nominee knows the terms of this nomination;
  - instructing your nominee on any terms of distribution of the death benefit paid under this nomination; and
  - informing your department if the nomination is for your spouse/civil partner and your marriage/civil partnership has come to an end.
3. The nomination will **NOT** be valid, if, at the time of your death:
  - the person nominated was your spouse/civil partner at the time the nomination was made but the marriage/civil partnership has come to an end;
  - the nominee has died; or
  - Civil Service Pensions, Department of Finance and Personnel consider at that time that payment of the death benefit to the nominee is not reasonably practicable.
4. Your signature needs to be **witnessed**, therefore any discrepancy in the signatures and dates of both parties may lead to the nomination being deemed invalid.
5. Please make sure that you tell your department if there is a change in your nominee's address. (If your nominee changes their address, there is a risk that Civil Service Pensions may consider that payment is not reasonably practicable.)
6. The death benefit will be paid to your personal representative if there is no valid nomination.
7. A court may, at the time of a divorce, order that on the death of a scheme member, or former member, all or part of the death benefit be paid to the former spouse or civil partner. Where this is the case, any balance will be paid to the nominee, or to the personal representative of the deceased where there is no valid nomination.

### Definition of Nominee

Your nominee can be an individual (including a child) or an incorporated/unincorporated body (eg. a bank, partnership or a firm of solicitors) with whom prior arrangements have been made for the distribution of the lump sum death benefit.



**Member details**

Please complete in black ink and **BLOCK** capitals.

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ National Insurance Number: \_\_\_\_\_

**Nominee(s)** (see Definition of Nominee opposite)

1. Full Name (including title): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Relationship\*: \_\_\_\_\_ Percentage of benefit you wish nominee to receive: \_\_\_\_\_%

2. Full Name (including title): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Relationship\*: \_\_\_\_\_ Percentage of benefit you wish nominee to receive: \_\_\_\_\_%

3. Full Name (including title): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Relationship\*: \_\_\_\_\_ Percentage of benefit you wish nominee to receive: \_\_\_\_\_%

\* You do not have to give the person's relationship to you, but it can help us deal sensitively with matters after you die.

**If you have no percentage of award stated above, the Death Benefit lump sum will be allocated equally among your stated nominees. (For more than three nominees please contact us).**

**Declaration**

- I nominate the person(s) named above to receive any death benefit payable under the rules of the PCSPS(NI).
- I understand that the completion of this form revokes any previous nomination.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**(in the presence of and with the corresponding date, of the witness below)**

**WITNESS** (Must not be a nominee)

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

For Civil Service Pensions administration use

This/These nomination(s) has/have been recorded and any previous nomination(s) have been cancelled

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_