



Death benefit nomination form – Civil Service Additional Voluntary Contribution Scheme (CSAVCS) members only

Please complete this form in black ink and in BLOCK CAPITALS and return it to: Civil Service Pensions, PO Box 2017, Liverpool, L69 2BU.

IMPORTANT: We will be unable to process your form if it is incomplete or has not been signed by a witness. Please read the guidance notes carefully on page two which explain how to complete this form.

Your personal details

Your name	<input type="text"/>
Your address and postcode	<input type="text"/>
Your telephone number	<input type="text"/>
Your National Insurance (NI) number	<input type="text"/>

Your nomination for death benefits

Your nominees can be individuals (including a child) or an incorporated or unincorporated body (for example, a bank, partnership or a firm of solicitors). You may nominate more than one individual.

Nominee full name including title	<input type="text"/>
Nominee address and postcode	<input type="text"/>
Nominee full name including title	<input type="text"/>
Nominee address and postcode	<input type="text"/>

Signed: _____

Date: ___/___/_____

Your declaration

I understand that this form replaces any previous Death Benefit Nomination for the Civil Service Additional Voluntary Contribution Scheme form that I have completed.

If I have nominated a person(s) who is under the age of 16, I confirm that I have received consent from the holder of parental responsibility of the child.

Your signature: _____

Date: ____/____/____

The Scheme is committed to managing your data in line with the Data Protection Legislation. For more information about how your data is managed, please visit:

www.civilservicepensionscheme.org.uk/privacy-policy/

Witness

Full name of witness	
Witness address and postcode	

Witness signature: _____

Date: ____/____/____

Guidance notes

This nomination form is for members of the Civil Service Additional Voluntary Contribution Scheme (CSAVCS) only.

Death benefit nominations made for benefits held in Civil Service Pensions are not valid for the CSAVCS.

1. You will be sent a copy of this form for your records.
2. You are responsible for the following:
 - Making sure that your nominee understands the terms of this nomination.
 - Instructing your nominee on any terms of distribution of the death benefit paid under this nomination.
 - Making sure that you tell the department/MyCSP if there is a change in your nominee's address.
 - Informing your department/MyCSP if the nomination is for your husband/wife/civil partner and your marriage/civil partnership has come to an end.
3. The nomination will not be valid, at the time of your death, if:
 - the nominee is your husband/wife/civil partner and the marriage/civil partnership has ended;
 - the nominee has died; or
 - the Scheme Manager (Cabinet Office) considers at that time that payment of the death benefit to the nominee is not reasonably practicable.
4. The death benefit will be paid to your personal representative if there is no valid nomination.
5. At the time of a divorce or dissolution a court may 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. 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.

To be completed by Civil Service Pensions

The above nomination has been recorded and any previous nomination has been cancelled.

Signed: _____

Date: _____/_____/_____

Name: _____

Office Address: **Civil Service Pensions, PO Box 2017, Liverpool, L69 2BU**

Tel: **0300 123 6666**