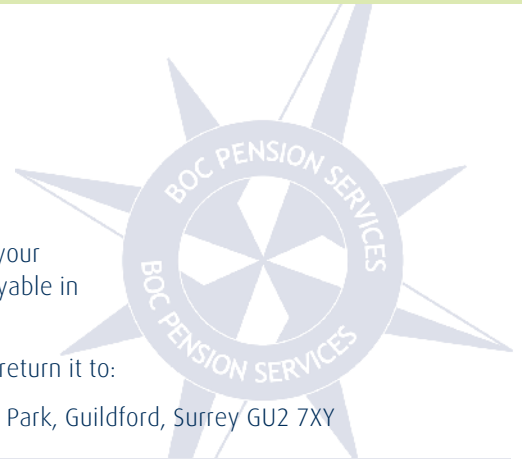


Deferred Benefit Claim form

This form is for letting BOC Pension Services know what you would like to do with your deferred benefits. It can also be used by your dependants to claim any benefits payable in the event of your death before your benefits are taken.

Please complete all relevant sections in block capitals, sign and date the form and return it to:

BOC Pension Services, The Priestley Centre, 10 Priestley Road, The Surrey Research Park, Guildford, Surrey GU2 7XY



Section 1: Personal details of the deferred member

Surname:	<input type="text"/>	Title (e.g. Mr, Mrs, Dr):	<input type="text"/>
Forename(s):	<input type="text"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(DD / MM / YYYY)
National Insurance number:	<input type="text"/>	Date of birth:	<input type="text"/>
Marital status:	<input type="text"/>	Daytime telephone number:	<input type="text"/>
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>

Section 2: Transferring benefits

I wish to consider transferring my benefits to the pension arrangement named below. Please send transfer details to:

Me (details as above) My new pension arrangement (please provide details below) My financial adviser (please provide details below)

Name of new pension arrangement/financial adviser:	<input type="text"/>
Contact name or reference:	<input type="text"/>
Address:	<input type="text"/>
	Postcode: <input type="text"/>
Daytime telephone number:	<input type="text"/>

Section 3: Retiring before Normal Retirement Age

I wish to apply for my benefits before Normal Retirement Age on the grounds of:

(Tick one box only)

Early retirement (I am age 55 or over):

Ill-health retirement (satisfactory medical evidence will be required):

Section 4: Death of member before Normal Retirement Age

(DD / MM / YYYY)

The member died on:

Name of next of kin:

Relationship of the next of kin to deceased member:

Address:

Postcode:

Section 5: Declaration

I declare that the information provided is true to the best of my knowledge. I also consent to the information provided on this form being held and processed by the BOC Pension Scheme Trustee for the purposes of the General Data Protection Regulation (GDPR).

Signature of person
completing the form:

(DD / MM / YYYY)

Date:

Relationship to member (if not the member):

Daytime telephone number of person completing this form:

Email address of person completing this form:

Contact details

BOC Pension Services
The Priestley Centre
10 Priestley Road
The Surrey Research Park
Guildford
Surrey GU2 7XY

Helpline: 0800 096 3214 (BOC TEL 750 4745)
Fax: 01483 244 739
Email: pensions.uk@boc.com
Website: www.bocpensions.co.uk