

BOC Pension Scheme

Death of an active member, deferred member or pensioner form



This form enables you to provide information to the BOC Pension Scheme Trustee following the death of an active member, deferred member or pensioner. This information will help the Trustee decide whether and to whom any death benefits are payable.



Please complete all relevant sections in BLOCK CAPITALS, sign and date the form, and return it to:
BOC Pension Services, Forge, 43 Church Street West, Woking, Surrey, GU21 6HT

If you have any questions please visit www.bocpensions.co.uk for more information.

Section 1: Personal details of the deceased

Surname:	<input type="text"/>	Title (e.g. Mr, Mrs, Dr):	<input type="text"/>
Forename(s):	<input type="text"/>		
National Insurance number:	<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"/>	Pension reference number (if applicable):	<input type="text"/>
Date of birth:	<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"/>	Date of death:	<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"/>

Section 2: Surviving widow, widower or civil partner's personal details

Surname:	<input type="text"/>	Title (e.g. Mr, Mrs, Dr):	<input type="text"/>
Forename(s):	<input type="text"/>		
National Insurance number:	<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"/>	Date of marriage/ civil partnership:	<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"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Was the widow, widower or civil partner living with the deceased at the time of death (excluding separation due to ill health)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please check as appropriate)
If no, please confirm the date of separation and the circumstances:	<input type="text"/>		

Section 3: Children's personal details

Please provide details of any children of the deceased under age 16 (or under age 23 if in full-time education), or who are suffering from mental or physical incapacity and cannot provide themselves with the ordinary necessities of life. Please also include details of any step or adopted children or anyone who was treated as if he or she was the child of the deceased.

Surname:

Title (e.g. Mr, Mrs, Dr):

Forename(s):

Address:

Postcode:

Name of school/college/university if in full-time education:

Name of course and expected date of completion:

Has the child been left without the financial support of another adult for the ordinary necessities of life (e.g. food, bills)?

Yes

No

(Please check as appropriate)

Surname:

Title (e.g. Mr, Mrs, Dr):

Forename(s):

Address:

Postcode:

Name of school/college/university if in full-time education:

Name of course and expected date of completion:

Has the child been left without the financial support of another adult for the ordinary necessities of life (e.g. food, bills)?

Yes

No

(Please check as appropriate)

If you need more space, please supply further details on a separate piece of paper.

Section 4: Guardian's personal details

For any children under age 18, please confirm the details of the guardian if different from the widow, widower or civil partner.

Surname:

Title (e.g. Mr, Mrs, Dr):

Forename(s):

Address:

Postcode:

Section 5: Dependant's personal details

Please provide details of any person who was financially dependent on, or financially interdependent with, the deceased at the time of death (other than a widow, widower, civil partner or any children). Financially dependent means dependent on the deceased for the ordinary necessities of life (e.g. food, bills). Financial interdependence is, for example, where the person relied on a joint income with the deceased to maintain a standard of living. Proof is required and is requested in Section 8.

Surname:

Title (e.g. Mr, Mrs, Dr):

Forename(s):

Address:

Postcode:

Relationship to the deceased:

Dependent

Interdependent

Was the dependant living with the deceased at the time of death (excluding separation due to ill health)?

(Please check as appropriate)

If yes, please confirm the date the dependant began living with the deceased:

Section 6: Non-dependent relative's personal details

Please provide details of any relative who was not financially dependent on the deceased at the time of his/her death (other than a child).

Surname: Title (e.g. Mr, Mrs, Dr):

Forename(s):

Address:

Postcode:

Relationship to the deceased:

Section 7: Further details

Did the deceased leave a will? Yes No (Please check as appropriate)

Please provide the name and address of either the solicitor acting for the estate or the person applying for Letters of Administration:

Section 8: Confirmation of documentation

The following documents are required (photocopies are sufficient).

Please check as appropriate

	Please check as appropriate
The deceased	
Death certificate	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Birth certificate	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Marriage certificate (or certificate of Civil Partnership)	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Widow, widower or civil partner	
Birth certificate	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Children	
Birth certificate(s) of any children detailed in Section 3	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Proof of full-time education	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Proof of incapacity (e.g. a doctor's note)	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Statement confirming the absence of financial support from another adult	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Other dependant(s)	
Birth certificate of any individual detailed in Section 5 and/or Section 6	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Proof of financial dependence (e.g. bank statement, council tax statement)	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Proof of financial inter-dependence (e.g. bank statement, council tax statement)	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Proof of joint residency (e.g. rent book, mortgage statement)	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed
Statement from an independent person (not a relative) confirming the period of time the deceased was living with the dependant	<input type="checkbox"/> Already provided / <input type="checkbox"/> Not applicable / <input type="checkbox"/> Enclosed

Section 9: 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 UK General Data Protection Regulation (UK GDPR).

By signing this form you confirm that you have the explicit consent of the dependants whose Sensitive Personal Data you may reveal in completing this form.

Name (in block capitals):	<input type="text"/>	Relationship to the deceased:	<input type="text"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed:	<input type="text"/>	Date:	<input type="text"/>

UK General Data Protection Regulation (UK GDPR)

I consent to my personal information (including any sensitive personal information) being held and processed by the Trustee, BOC Pension Services and any third party appointed for the effective running of the Scheme. I understand that the Trustee and BOC Pension Services, and any third parties to whom they make the data available, will comply with the underlying principles of the UK GDPR.

The Trustee may send you information about the Scheme to your work email address. If you leave employment, information may be sent to a different email address if you have provided one. If you have not yet provided us with a personal email address, please do so by contacting us using the details above. It's important that all your contact details are up to date so we can keep sending information about your benefits to you. If you want to know more about the data held which relates to you, or the purposes for which it may be used, please visit www.bocpensions.co.uk/privacy or contact BOC Pension Services.

Legal note

The Trustee is not liable for any penalties arising as a result of any inaccurate information provided on this form, or any failure to provide relevant information.

The best place to find information on your pension is www.bocpensions.co.uk
However, if you cannot find what you are looking for there, you can contact us on pension.uk@boc.com

