

# BOC Pension Scheme

## Death of an Active Member, Deferred Member or Pensioner



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, sign and date the form and return it to the address on the back page.

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

### Section 1: Personal details of the deceased

Surname:

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

Forename(s):

Sex: Male

Female

National Insurance number:

Pension reference number (if applicable):

Date of birth:

( DD / MM / YYYY )

Date of death:

( DD / MM / YYYY )

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

Surname:

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

Forename(s):

Sex: Male

Female

National Insurance number:

Date of marriage/  
civil partnership:

( DD / MM / YYYY )

Address:

Postcode:

## Section 2: Surviving widow, widower or civil partner's personal details (continued)

Was the widow, widower or civil partner living with the deceased at the time of death (excluding separation due to ill health)?  Yes  No (Please circle as appropriate)

If no, please confirm the date of separation and the circumstances:

## 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. If the deceased was a Pensioner who retired before 6 April 2006, children may be under age 25 if in full-time education. 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):  Sex: Male  Female

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 circle as appropriate)

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

Forename(s):  Sex: Male  Female

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 circle 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:	<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"/>
Address:	<input type="text"/>				
		Postcode:	<input type="text"/>		

## 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 of dependency or inter-dependency will be required and is requested in Section 8.

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"/>				
Address:	<input type="text"/>								
		Postcode:	<input type="text"/>						
Relationship to the deceased:	<input type="text"/>	Dependent	<input type="checkbox"/>	Interdependent	<input type="checkbox"/>				
Was the dependant living with the deceased at the time of death (excluding separation due to ill health)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please circle as appropriate)						
			(	DD	/	MM	/	YYYY	)
If yes, please confirm the date the dependant began living with the deceased:	<input type="text"/>				/	<input type="text"/>	/	<input type="text"/>	

## 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):

Sex: Male

Female

Address:

Postcode:

Relationship to the deceased:

## Section 7: Further details

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

	Please circle as appropriate
<b>The deceased</b>	
Death certificate	Already provided / Not applicable / Enclosed
Birth certificate	Already provided / Not applicable / Enclosed
Marriage certificate (or certificate of Civil Partnership)	Already provided / Not applicable / Enclosed
<b>Widow, widower or civil partner</b>	
Birth certificate	Already provided / Not applicable / Enclosed
<b>Children</b>	
Birth certificate(s) of any children detailed in Section 3	Already provided / Not applicable / Enclosed
Proof of full-time education	You will be sent a further form to complete
Proof of incapacity (e.g. a doctor's note)	Already provided / Not applicable / Enclosed
Statement confirming the absence of financial support from another adult	Already provided / Not applicable / Enclosed
<b>Other dependant(s)</b>	
Birth certificate of any individual detailed in Section 5 and/or Section 6	Already provided / Not applicable / Enclosed
Proof of financial dependence (e.g. bank statement, council tax statement)	Already provided / Not applicable / Enclosed
Proof of financial inter-dependence (e.g. bank statement, council tax statement)	Already provided / Not applicable / Enclosed
Proof of joint residency (e.g. rent book, mortgage statement)	Already provided / Not applicable / Enclosed
Statement from an independent person (not a relative) confirming the period of time the deceased was living with the dependant	Already provided / Not applicable / 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 General Data Protection Regulation (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"/>
		( DD / MM / YYYY )	
Signed:	<input type="text"/>	Date:	<input type="text"/>

### General Data Protection Regulation (GDPR)

I consent to my personal information (including any sensitive personal information) being held and processed by the Scheme Trustee, BOC Pension Services and any third party appointed for the effective running of the 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 applicable data protection legislation, including the General Data Protection Regulation (EU) 2016/679.

If you want to know more about the data held which relates to you or the purposes for which it may be used, please refer to the data privacy statement provided separately to you, or alternatively please 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.

## Contact us

### BOC Pension Services

The Priestley Centre, 10 Priestley Road, The Surrey Research Park,  
Guildford, Surrey GU2 7XY, United Kingdom  
Helpline 0800 096 3214, [pensions.uk@boc.com](mailto:pensions.uk@boc.com)

