

BOC Retirement Savings Plan (RS Plan).

RS section.

LeadIng.

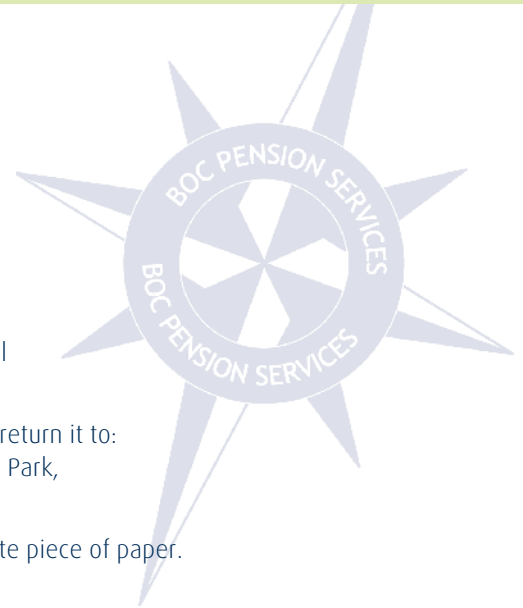


Death of an Active Member or Deferred Member

This form enables you to provide information to the RS Plan Trustee (the Trustee) following the death of an Active Member or Deferred Member. 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, The Priestley Centre, 10 Priestley Road, The Surrey Research Park, Guildford, Surrey GU2 7XY

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



Section 1: Personal details of the deceased (please use block capitals throughout)

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"/>
National Insurance number:	<input type="text"/>	Pension reference number (if applicable):	<input type="text"/>
(DD / MM / YYYY)		(DD / MM / YYYY)	
Date of birth:	<input type="text"/>	Date of death:	<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"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
National Insurance number:	<input type="text"/>	Date of marriage/civil partnership:	<input type="text"/>
(DD / MM / YYYY)		(DD / MM / YYYY)	
Email:	<input type="text"/>	Telephone number:	<input type="text"/>

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 child/children of the deceased. 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:

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:

Please note that a child's pension may be paid to a maximum of two children. If there are more than two children, only the two youngest will be eligible to receive a pension. However, if a lump sum is payable on the member's death any child may be considered eligible to receive all or part of that lump sum, so it is important to give details of all the member's children.

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

Section 4: Guardian's personal details

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(s) who was financially dependent on, or financially interdependent with, the deceased at the time of death (other than a widow, widower, civil partner or child). 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"/>

Section 6: Non-dependant relative's personal details

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

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"/>		

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

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

The deceased	
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
Widow, widower or civil partner	
Birth certificate	Already provided / Not applicable / Enclosed
Children	
Birth certificate(s) of any children detailed in Section 3	Already provided / Not applicable / Enclosed
Proof of full-time education or vocational training (please note that you will be sent a further form to complete)	Already provided / Not applicable / Enclosed
Proof of injury/incapacity	Already provided / Not applicable / Enclosed
Other dependant(s)	
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 the person(s) financially dependent on, or financially inter dependent with, him/her.	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 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):

Relationship to the deceased:

Address:

Postcode:

Signed:

Telephone number:

(DD / MM / YYYY)

Date:

Contact details

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

Helpline: 0800 096 3214 Fax: 01483 244 739
Email: pensions.uk@boc.com
Website: www.bocpensions.co.uk