

# Nomination form



www.railwayspensions.co.uk

csu@rpmi.co.uk

0800 012 1117

PO Box 300, Darlington, DL3 6YJ

Please complete this form using black ink and capital letters, and ensure you sign it before returning.

Your Scheme provides death benefit cover and the form lets the Trustee Company know who you would like to receive any lump-sum death benefit if you die.

Any benefits will be paid by the Trustee Company in accordance with the rules for your section or arrangement in the Scheme. If you die, the Trustee Company will gather information relating to your dependants to help it to decide who should receive any lump-sum death benefit. By completing this form, you can record your wishes and help the Trustee Company make its decision.

The Trustee Company does not have to follow your wishes, but it will consider them and look at your personal circumstances at the time of your death. It will then decide who will receive any benefits.

If your personal circumstances change after you have filled in this form, you can change your nominations simply by filling in another form and sending it to RPMI, to replace any previous nominations you have made.

**If you have earned pension benefits in more than one section or arrangement of the Railways Pension Scheme the Trustee Company will consider the nominations detailed on this form in respect of each section or arrangement in the Scheme.**

## Your details

Your title (Mr/Mrs/Miss/Other):

Your first name:

Your surname:

Pension reference number:

|                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Your 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"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Your address:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Your postcode:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

## Guidance notes

- If you wish to nominate more than three people, please list them on a separate sheet of paper in the same format as shown on the back of this form and sign and date the extra sheet.



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- If you nominate a child under age 18 you must also give us the name and address of the adult who will act as guardian for the child if they are still under age 18 at the time of your death.
- If you nominate more than one person please make sure that total of the percentages applied to each person adds up to 100%.

## Your nominations

If I die, I would like the Trustee Company to pay any lump-sum death benefit to the following people (including charities, clubs or associations) in the percentages shown below. I understand that the Trustee Company does not have to do as I ask but it will consider my wishes when making its decision.

### 1<sup>st</sup> Nominee

|                            |  |   |
|----------------------------|--|---|
| Title (Mr/Mrs/Miss/Other): | <input type="text"/>   | Percentage of the benefit:<br><br><b>%</b>  |
| First name:                | <input type="text"/>   |   |
| Surname:                   | <input type="text"/>   |   |
| Relationship to you:       | <input type="text"/>   |   |
| Nominee's address:         | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> |   |
| Nominee's 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"/> <input type="text"/> |

**If the person you have nominated is under the age of 18 please provide their guardian's details below.**

|                                       |  |   |
|---------------------------------------|--|---|
| Guardian's title (Mr/Mrs/Miss/Other): | <input type="text"/>   | Nominees age (if under 18)<br><br><input type="text"/>                              |
| Guardian's first name:                | <input type="text"/>   |   |
| Guardian's surname:                   | <input type="text"/>   |   |
| Guardian's address:                   | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> |   |
| Guardian's 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"/> <input type="text"/> |

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## 2<sup>nd</sup> Nominee (if applicable)

|                            |  |   |
|----------------------------|--|---|
| Title (Mr/Mrs/Miss/Other): | <input type="text"/>   | Percentage of the benefit:                                      |
| First name:                | <input type="text"/>   | <input type="text" value="0"/> <input type="text" value="0"/> % |
| Surname:                   | <input type="text"/>   |   |
| Relationship to you:       | <input type="text"/>   |   |
| Nominee's address:         | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/>             |   |
| Nominee's 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"/>  |

## If the person you have nominated is under the age of 18 please provide their guardian's details below.

|                                       |  |  |
|---------------------------------------|--|--|
| Guardian's title (Mr/Mrs/Miss/Other): | <input type="text"/>   | Nominees age (if under 18)                                     |
| Guardian's first name:                | <input type="text"/>   | <input type="text"/>   |
| Guardian's surname:                   | <input type="text"/>   |  |
| Guardian's address:                   | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/>             |  |
| Guardian's 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"/> |

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## 3<sup>rd</sup> Nominee (if applicable)

|                            |                      |                               |
|----------------------------|----------------------|-------------------------------|
| Title (Mr/Mrs/Miss/Other): | <input type="text"/> | Percentage of the benefit:    |
| First name:                | <input type="text"/> | <input type="text" value=""/> |
| Surname:                   | <input type="text"/> |                               |
| Relationship to you:       | <input type="text"/> |                               |
| Nominee's address:         | <input type="text"/> |                               |
|                            | <input type="text"/> |                               |
|                            | <input type="text"/> |                               |
|                            | <input type="text"/> |                               |
|                            | <input type="text"/> |                               |
| Nominee's postcode:        | <input type="text"/> | <input type="text"/>          |

**If the person you have nominated is under the age of 18 please provide their guardian's details below.**

|                                       |                      |                               |
|---------------------------------------|----------------------|-------------------------------|
| Guardian's title (Mr/Mrs/Miss/Other): | <input type="text"/> | Nominee's age (if under 18)   |
| Guardian's first name:                | <input type="text"/> | <input type="text" value=""/> |
| Guardian's surname:                   | <input type="text"/> |                               |
| Guardian's address:                   | <input type="text"/> |                               |
|                                       | <input type="text"/> |                               |
|                                       | <input type="text"/> |                               |
|                                       | <input type="text"/> |                               |
| Guardian's postcode:                  | <input type="text"/> | <input type="text"/>          |

**Don't forget: Keep your nominations up to date.**

If your personal circumstances change after you have filled in this form, you can change your nominations simply by filling in another form to replace any previous nominations you have made.



## Data Protection

### How we use information about you

We, the Railways Pension Trustee Company Limited and RPMI Limited, will use the personal details provided to deal with and pay any death benefits the member named on the form may be entitled to under the Rules of the Railways Pension Scheme, The BT Police Force Superannuation Fund, The British Railways Superannuation Fund, or any other pension fund administered by RPMI. As part of the service we provide, we may share your information with other organisations for the purposes of identifying accurate information as to your whereabouts or for the purpose of paying any benefits that you may be entitled to.

### Further information

If you have concerns about the processing of your personal data or wish to raise any issues in relation to data protection, please contact the Data Protection Officer at RPMI. On request to the Data Protection Officer, you are entitled to certain information about you and if a fee is paid, you can ask the Data Protection Officer for a copy of the information we hold about you.

I confirm that I would like the Trustees to pay any lump-sum death benefit to the people I have named on this form. I also confirm that the percentages requested total 100% and that I have provided guardian details for any nominees under the age of 18.

Signature:

Date signed:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Thank you now please send the form to RPMI. You should receive an acknowledgement within 28 days to confirm your wishes have been recorded.