

## Local Government Pension Scheme Application for Death and Survivor Benefits

This form should be completed by the surviving spouse, civil partner, cohabiting partner or next of kin of the deceased who is claiming a benefit; or by the personal representative of the deceased or the executor of their estate. There are guidance notes throughout to help you fill in this form.

Once this application form has been completed please refer to the checklist below to ensure that all relevant information and photocopies of certificates have been provided, and are returned using the enclosed pre-paid envelope.

### Checklist (Please tick once completed ✓)

<b>Section 1</b> <input type="checkbox"/>	All 8 questions have been answered
	A photocopy of the death certificate has been attached
<b>Section 2</b> <input type="checkbox"/>	All questions have been answered, <b><u>signed and witnessed</u></b>
	Relevant certificates enclosed (photocopies accepted)
<b>Section 3 &amp; Form A</b> <input type="checkbox"/>	Amount of children confirmed, and FORM A completed for each eligible child
	Enclosed each child's long birth certificate and any GP / Doctor notes (if applicable)
<b>Section 4</b> <input type="checkbox"/>	Ticked relevant box regarding any other LGPS benefits, including all employer details
	<b><u>Signed and dated</u></b> by claimant and independent witness
<b>Section 5</b> <input type="checkbox"/>	All 6 (7 if applicable) questions have been answered for Death Grant Lump Sum
	Complete 6 (7 if applicable) questions for Childs Pension (separate sheets for each child)
<b>Section 6</b> <input type="checkbox"/>	Confirm the 6 details if you wish to apply for the balance of pension benefits
	<b><u>Signed and dated</u></b> by claimant

## Section 1 (Details of the LGPS member who has died):

<b>1 - Name of Deceased:</b>		<b>2 - NI Number:</b>	
<b>3 - Date of Birth:</b>		<b>4 - Date of Death:</b>	
<b>5 - Address:</b>			
		<b>6 - Post Code:</b>	

	Yes	No	Intending to obtain
<b>7 - Did the Deceased Leave a Will?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N/A</b>
<b>8 - Has Grant of Probate or Letters of Administration been obtained?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note – a copy of the death certificate must be attached  
I have enclosed this (✓)

## Section 2 - Notes on Eligibility of Cohabiting Partner for Survivor's Pension

Please read these notes before completing section 2.

If you are married or are in a registered civil partnership, you are automatically covered for a survivor's pension in the event of the LGPS member's death.

However, provided the LGPS member paid contributions into the LGPS **on or after 1 April 2008**, a co-habiting partner of either opposite or same sex, may also be eligible for a survivor's pension if the member passes away before them.

Please note that to be eligible for this, there are certain conditions which must be met. A survivor's pension would be paid to a co-habiting partner, so long as the Clwyd Pension Fund is satisfied that for a continuous period of at least 2 years leading up to the deceased's death:

1. The member was able to legally marry, or form a civil partnership with their partner, and
2. The member and their partner were living together as if they were spouses or as if they were civil partners (evidence of same address should be provided), and
3. Neither the member nor their partner were living with a third person as if they were spouses or as if they were civil partners, and
4. Either the partner was financially dependent on the member, or the member and their partner were financially interdependent (evidence of shared household spending or that you had a bank account / mortgage / tenancy agreement / Council Tax Bill in joint names)

There would be a right of appeal if a decision is made not to pay a pension and you believe that you have entitlement.

## Section 2 (Survivor's Pension Eligibility – must be completed in all scenarios):

**Important! Please read:** If there is a Surviving spouse, civil partner or cohabiting partner you must complete **Section 2a**. If there is **NO** Surviving spouse, civil partner or cohabiting partner you must complete **Section 2b**. **Section 2c** must be completed and witnessed whether you complete section 2a or 2b.

### Section 2a: (Surviving spouse, civil partner or cohabiting partner)

1 – Full Name:			
2 - NI Number:		3 – Date of birth:	
4 - Address:			
		5 - Post Code:	
6 - Email Address:		7 - Telephone No:	

#### Requirement (please tick 1 of the boxes below ✓)

I declare that I am the spouse / civil partner of the deceased and we were not divorced / civil partnership dissolved. <b>Date of marriage / civil partnership:</b> _____	<input type="checkbox"/>
I declare that I am the cohabiting partner of the deceased and am eligible in accordance with the regulations outlined in the guidance notes at the back of this page	<input type="checkbox"/>

#### In addition to a photocopy of the death certificate, I attach the following (please tick if appropriate ✓)

My birth certificate (required in <b>ALL</b> cases)	<input type="checkbox"/>
Our marriage / civil partnership certificate (required for spouses and civil partners)	<input type="checkbox"/>
Evidence of our cohabiting partnership (required for cohabiting partners)	<input type="checkbox"/>

**Declaration:** I declare that I am the surviving spouse/civil partner/cohabiting partner of the Deceased member and hereby apply for the grant of a surviving partner's pension under the Local Government Pension Scheme. I declare that the statements made by me on this form are true to the best of my knowledge and belief.

Signature:		Date:	
------------	--	-------	--

### Section 2b: (No surviving spouse, civil partner or cohabiting partner)

**Declaration:** I declare that there is **NO** surviving spouse, civil partner or cohabiting partner.

Name of Informant:			
Signature:		Date:	

### Section 2c: Witness (To be **completed** by an independent witness in **all scenarios** - must not be a family member)

Name of witness:			
Signature of witness:		Date:	
Occupation of witness:			
Address:			
		Post Code:	

## Section 3 (Applying for an eligible child's pension)

To be completed by the parent / guardian of the child(ren)

The definition for Eligible Child is:

- a) A natural/adopted child of a member who meets condition A, B or C and who was born before, on, or in the case of a natural child, within 12 months of the member's death; or
- b) A step-child or child accepted by the deceased as a member of the family (excluding a child sponsored by the member through a registered charity) who meets condition A, B or C; and was dependent on the member at the date of death

<b>Condition A</b>	The person is aged under 18
<b>Condition B</b>	The person is in full time education/vocational training and under 23 years old
<b>Condition C</b>	The person is unable to engage in gainful employment because of a physical or mental impairment and either: <ul style="list-style-type: none"> <li>i. has not reached the age of 23; or</li> <li>ii. the impairment is, in the opinion of the Independent Registered Medical Practitioner, likely to be permanent and the person was dependent on the member at date of death because of that physical/mental impairment</li> </ul>

<b>1 – Confirm the number of eligible children the Deceased member had:</b>	
---	--

**Please note that a copy of FORM A must be completed for each eligible child**

**2 - Please give the name and details of any child(ren) that do not meet the eligible children criteria:**

### Child 1

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
	<b>Post code:</b>		
<b>Email address:</b>			

### Child 2

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
	<b>Post code:</b>		
<b>Email address:</b>			

**Declaration:** I declare that I am the parent/guardian of any eligible child(ren) or informant (no eligible children), and that the above is correct to the best of my knowledge.

<b>Name of Parent/ Guardian/Informant:</b>			
<b>Signature:</b>		<b>Date:</b>	

## FORM A (page 1 of 2: Award of a child's pension)

The next of kin or personal representative of the Deceased should complete a FORM A for each eligible child. Each FORM A consists of 2 pages.

<b>Eligible Child's Name:</b>			
<b>Address:</b>			
	<b>Post Code:</b>		
<b>Date of Birth:</b>		<b>Email Address:</b>	

I can confirm that the eligible child meets one of the below statements (please tick to confirm ✓):

<input type="checkbox"/>	<p>A natural/adopted child of a member who meets condition A, B or C and who was born before, on, or in the case of a natural child, within 12 months of the member's death</p> <p><b>or;</b></p> <p>A step-child or child accepted by the deceased as a member of the family (excluding a child sponsored by the member through a registered charity) who meets condition A, B or C; and was dependent on the member at the date of death</p>
--------------------------	--

I can confirm that the eligible child meets the following condition(s) (please tick to confirm ✓):

<b>Condition A</b> <input type="checkbox"/>	The person is aged under 18
<b>Condition B</b> <input type="checkbox"/>	The person is in full time education/vocational training and under 23 years old
<b>Condition C</b> <input type="checkbox"/>	<p>The person is unable to engage in gainful employment because of physical or mental impairment and either:</p> <ul style="list-style-type: none"> <li>i. has not reached the age of 23; or</li> <li>ii. the impairment is, in the opinion of the Independent Registered Medical Practitioner, likely to be permanent and the person was dependent on the member at date of death because of that physical/mental impairment</li> </ul>

In addition to the copy death certificate, I attach the following (please tick appropriate boxes ✓):

<input type="checkbox"/>	Birth certificate for each eligible child (a full version certificate detailing the parents is needed)
<input type="checkbox"/>	Confirmation from the child's GP of physical or mental impairment (for a disabled child of any age who was the child of an LGPS member)

**Declaration:** I declare that I am the parent / guardian of the child(ren) named above and that any child's pension paid will be used for their benefit. I hereby indemnify and keep indemnified Clwyd Pension Fund against any future claims or demands, actions suits or proceedings, liabilities or costs whatsoever which may be incurred or become payable in respect of these monies. I understand that completing this form does not guarantee entitlement.

<b>Name (PRINT):</b>		<b>Relationship to child:</b>	
<b>Signature:</b>		<b>Date:</b>	

## FORM A (page 2 of 2: Award of a child's pension)

The next of kin or personal representative of the Deceased should complete a FORM A for each eligible child.

If Condition B **HAS NOT** been ticked on page 1, you have successfully completed FORM A

If Condition B **HAS** been ticked on page 1, please provide the following details

**PLEASE NOTE - To be completed by a representative at the educational establishment**

Please obtain written confirmation from the educational establishment that the eligible child is enrolled at the School/College/University. Please contact the Clwyd Pension Fund immediately if there may be a delay in obtaining this information.

Eligible child's name:	
NI Number:	
Date of Birth:	
Name of school / college / establishment:	
Student reference:	
When did the course commence?	
Is there any remuneration being received in respect of full time training? (Yes / No)	
If yes please state the annual rate:	£
The Eligible Child is currently expected to continue their current course until:	

**Declaration:** I hereby certify that the student named above is in full time education at this School/ College /University.

Full Name:		Position:	
Signature:		Date:	
Address of educational establishment:			
	Post Code:		

Official stamp from the educational establishment:	
--	--

## FORM A (page 1 of 2: Award of a child's pension)

The next of kin or personal representative of the Deceased should complete a FORM A for each eligible child. Each FORM A consists of 2 pages.

Eligible Child's Name:			
Address:			
	Post Code:		
Date of Birth:		Email Address:	

I can confirm that the eligible child meets one of the below statements (please tick to confirm ✓):

<input type="checkbox"/>	<p>A natural/adopted child of a member who meets condition A, B or C and who was born before, on, or in the case of a natural child, within 12 months of the member's death</p> <p><b>or;</b></p> <p>A step-child or child accepted by the deceased as a member of the family (excluding a child sponsored by the member through a registered charity) who meets condition A, B or C; and was dependent on the member at the date of death</p>
--------------------------	--

I can confirm that the eligible child meets the following condition(s) (please tick to confirm ✓):

<b>Condition A</b> <input type="checkbox"/>	The person is aged under 18
<b>Condition B</b> <input type="checkbox"/>	The person is in full time education/vocational training and under 23 years old
<b>Condition C</b> <input type="checkbox"/>	<p>The person is unable to engage in gainful employment because of physical or mental impairment and either:</p> <ul style="list-style-type: none"> <li>i. has not reached the age of 23; or</li> <li>ii. the impairment is, in the opinion of the Independent Registered Medical Practitioner, likely to be permanent and the person was dependent on the member at date of death because of that physical/mental impairment</li> </ul>

In addition to the copy death certificate, I attach the following (please tick appropriate boxes ✓):

<input type="checkbox"/>	Birth certificate for each eligible child (a full version certificate detailing the parents is needed)
<input type="checkbox"/>	Confirmation from the child's GP of physical or mental impairment (for a disabled child of any age who was the child of an LGPS member)

**Declaration:** I declare that I am the parent / guardian of the child(ren) named above and that any child's pension paid will be used for their benefit. I hereby indemnify and keep indemnified Clwyd Pension Fund against any future claims or demands, actions suits or proceedings, liabilities or costs whatsoever which may be incurred or become payable in respect of these monies. I understand that completing this form does not guarantee entitlement.

Name (PRINT):		Relationship to child:	
Signature:		Date:	

## FORM A (page 2 of 2: Award of a child's pension)

The next of kin or personal representative of the Deceased should complete a FORM A for each eligible child.

If Condition B **HAS NOT** been ticked on page 1, you have successfully completed FORM A

If Condition B **HAS** been ticked on page 1, please provide the following details

**PLEASE NOTE - To be completed by a representative at the educational establishment**

Please obtain written confirmation from the educational establishment that the eligible child is enrolled at the School/College/University. Please contact the Clwyd Pension Fund immediately if there may be a delay in obtaining this information.

Eligible child's name:	
NI Number:	
Date of Birth:	
Name of school / college / establishment:	
Student reference:	
When did the course commence?	
Is there any remuneration being received in respect of full time training? (Yes / No)	
If yes please state the annual rate:	£
The Eligible Child is currently expected to continue their current course until:	

**Declaration:** I hereby certify that the student named above is in full time education at this School/ College /University.

Full Name:		Position:	
Signature:		Date:	
Address of educational establishment:			
		Post Code:	

Official stamp from the educational establishment:	
--	--



## Section 4 (Death in service – ignore section 4 and continue to Section 5 if the Deceased was not paying pension contributions into the LGPS)

Please confirm if the Deceased had any other benefits accrued in any other LGPS Fund in England or Wales? **Please tick the appropriate box (✓)**

Yes

No

**If 'YES', please give details below and sign the declaration:**

<b>LGPS Fund / Employer:</b>			
<b>Address:</b>			
	<b>Tel No:</b>		
<b>Email address:</b>			
<b>Additional Information (dates):</b>			

<b>LGPS Fund / Employer:</b>			
<b>Address:</b>			
	<b>Tel No:</b>		
<b>Email address:</b>			
<b>Additional Information (dates):</b>			

**Declaration:** I declare that the answers in this section are true to the best of my knowledge and belief, I hereby make a claim to the amount due and I understand that in the event of any other persons laying claim to the estate of the Deceased member, such claims will be the responsibility of me and not the Clwyd Pension Fund.

<b>Full Name (PRINT):</b>			
<b>Signature:</b>		<b>Date:</b>	

**If 'NO', please sign the declaration below:**

To the best of my knowledge the Deceased did not have any other LGPS Benefits held in any other Fund other than the Clwyd Pension Fund. However, should it come to pass that additional death grant payments are made, then I agree to take responsibility for repaying these monies.

<b>Full Name (PRINT):</b>			
<b>Signature:</b>		<b>Date:</b>	

**To be completed by an independent witness in whether 'yes' or no' has been answered on this form (must not be a family member)**

<b>Name of witness:</b>		<b>Occupation of witness:</b>	
<b>Signature of witness:</b>		<b>Date:</b>	
<b>Address:</b>			
	<b>Post code:</b>		

## Section 5 (Bank Details Form)

### Account which a Death Grant and/or Survivor's Pension is to be paid:

Survivor's benefits must be paid into an account in your name.

Name of Account Holder:			
Name and Address of Bank / Building Society:			
	Post Code:		
Sort Code: (6 digit number in the right hand corner of your cheque book or bank card)			
Account Number:			
Roll Number of Account (only needed for Building Society accounts)			

Full Name (PRINT):			
Signature:		Date:	

### Account into which any child's pension is to be paid:

A child's pension must be paid into an account in their own name or an account which includes the child's name. Please provide bank details for each individual child on a separate sheet.

Name of Account Holder:			
Name and Address of Bank / Building Society:			
	Post Code:		
Sort Code: (6 digit number in the right hand corner of your cheque book or bank card)			
Account Number:			
Roll Number of Account (only needed for Building Society accounts)			

Full Name (PRINT):			
Signature:		Date:	

## Section 6 (Applying for balance of pension):

To be completed by the Spouse, Civil Partner, Nominated Co-Habiting Partner, Next of Kin, Executor or Personal Representative of the deceased. If you believe that you may be entitled to receive death benefits please complete this section. Providing this information does not guarantee an entitlement.

<b>1 - Full Name:</b>			
<b>2 - Relationship to Deceased:</b>			
<b>3 - Address:</b>			
	<b>4 - Post Code:</b>		
<b>5 - Email Address:</b>		<b>6 - Telephone No:</b>	

<b>Name of Account Holder:</b>			
<b>Name and Address of Bank / Building Society:</b>			
	<b>Post Code:</b>		
<b>Sort Code: (6 digit number in the right hand corner of your cheque book or bank card)</b>			
<b>Account Number:</b>			
<b>Roll Number of Account (only needed for Building Society accounts)</b>			

**Declaration:** I declare that the answers in this section are true to the best of my knowledge and belief, and I hereby make a claim to the amount due and I understand that in the event of any other persons laying claim to the estate of the Deceased member, such claims will be the responsibility of me and not the Clwyd Pension Fund.

<b>Full Name (PRINT):</b>			
<b>Signature:</b>		<b>Date:</b>	

**This completed application pack should be returned to the Clwyd Pension Fund by one of the following methods:**



Clwyd Pension Fund, County Hall, Mold,  
Flintshire, CH7 6NA



[pensions@flintshire.gov.uk](mailto:pensions@flintshire.gov.uk)