

# Local Government Pension Scheme

## Application for death and survivor benefits

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

This application form **MUST** be completed by the surviving husband, wife, civil partner, cohabiting partner or next of kin of the deceased; 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 application form.

Once it has been completed, please go through the checklist below to make sure that all relevant information and photocopies of certificates have been provided and are sent to us using the enclosed pre-paid envelope.

### Checklist (Please ✓ once completed)

Section 1	All information has been provided A photocopy of the death certificate has been provided
Section 2	Ticked the relevant box about any other LGPS benefits, providing all employer details (where this applies) <u>Signed and dated</u> by the person claiming a benefit and an independent witness
Section 3	All questions have been answered, <u>signed and witnessed</u> Relevant certificates provided (photocopies accepted)
Section 4	All questions have been answered for surviving partner's pension (if this applies)
Section 5	Confirm the details if you wish to apply for the balance of pension benefits <u>Signed and dated</u> by the person claiming
Section 6	Number of children confirmed and child's pension form completed for each eligible child Each child's bank details, full version birth certificate and any GP / Doctor notes have been provided (if this applies)

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



Clwyd Pension Fund, Tŷ Dewi Sant, St. Davids Park, Ewloe, Flintshire, CH5 3FF



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

## Section 1. Details of the LGPS member who has died

Name of Deceased:		NI Number:			
Date of Birth:		Date of Death:			
Address:					
		Postcode:			
Did the deceased leave a will?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have Grant of Probate or Letters of Administration?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If you answered no to the above question, are you trying / planning to get Grant of Probate or Letters of Administration?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Send us a copy of the death certificate if you haven't supplied it to us before or if you haven't used Tell Us Once.  
Please ✓ this box to confirm that you have provided the certificate:

## Section 2. Death in service

**PLEASE NOTE:** If the deceased was not paying pension contributions into the LGPS when they died, please ignore section 2 and continue to section 3.

Please confirm if the deceased had any other benefits in any other LGPS fund in England or Wales?

(Please ✓ the relevant box)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you ticked yes, please give details below and sign the declaration:

LGPS fund / Employer:	
LGPS fund / Employer:	

**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.

Name (PRINT):			
Signature:		Date:	

If you ticked 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, if any additional death grant payments are made, then I agree to take responsibility for repaying these death grants.

Name (PRINT):			
Signature:		Date:	

To be completed by an independent witness (must not be a family member):

Name of witness:		Occupation of witness:	
Signature of witness:		Date:	
Address:			
		Postcode:	

## Section 3. Notes on eligibility of cohabiting partner for surviving partner's pension

Please read these notes before completing section 3.

If you are married or are in a registered civil partnership, you are automatically covered for a surviving partner's pension in the event of the LGPS member's death. However, so long as the LGPS member paid contributions into the LGPS **on or after 1st April 2008**, a co-habiting partner of either opposite or same sex, may also be eligible for a surviving partner's pension if the member dies before them.

To be eligible for this, there are certain conditions which must be met. A surviving partner'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 two years before the deceased's death:

- The member was able to legally marry, or form a civil partnership with their partner, and
- The member and their partner were living together as if they were husband, wife or civil partners (evidence of same address should be provided), and
- Neither the member nor their partner were living with a third person as if they were husband, wife or civil partners, and
- Either the partner depended on the member financially, or the member and their partner were financially dependent on each other's joint income (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 do qualify.

### Section 3 (Surviving partners pension eligibility: must be completed in all scenarios)

**Important! Please read:** If there is a surviving husband, wife, civil partner or cohabiting partner you must complete **section 3a**. If there is **NO** surviving husband, wife, civil partner or cohabiting partner you must complete **section 3b**. **Section 3c** must be completed and witnessed whether you complete section 3a or 3b.

#### Section 3a: (Please complete only if there is a surviving husband, wife, civil partner or cohabiting partner)

Full Name:					
NI Number:		Date of Birth:			
Address:					
		Postcode:			
Email Address:		Telephone No:			
<b>Language Preference:</b> I wish to receive <b>ALL</b> future correspondence in (Please ✓ the box relevant to you to show your choice)					
Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>	Bilingual	
<b>Communications Preference:</b> I wish to receive <b>ALL</b> future correspondence in (Please ✓ the box relevant to you to show your choice) <b>(Please select only ONE option)</b>					
<b>Electronic</b> *Please make sure you have registered to use Member Self-Service to receive correspondence electronically: <a href="https://mss.clwydpensionfund.org.uk/home/login">mss.clwydpensionfund.org.uk/home/login</a>		<input type="checkbox"/>	<b>Paper</b>		

**(Please ✓ one of the boxes below)**

<input type="checkbox"/>	I confirm that I am the husband, wife or civil partner of the deceased, and we were not divorced nor was our civil partnership dissolved
<input type="checkbox"/>	I confirm that I am the cohabiting partner of the deceased and I am eligible based on meeting the conditions explained in the guidance notes on section 3 of this form

**In addition to a photocopy of the death certificate, I have provided the following (please ✓ the relevant boxes):**

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

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

<b>Signature:</b>		<b>Date:</b>	
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**Section 3b: (Please complete only if there is no surviving husband, wife, civil partner or cohabiting partner)**

**Declaration:** I confirm that there is NO surviving husband, wife, civil partner or cohabiting partner.

<b>Name of informant:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Section 3c: To be completed by an independent witness in all scenarios. (Must not be a family member)**

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

## Section 4. Bank details form

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

**If you want your pension to be paid into an overseas bank account, please get in touch to ask for a different form. We can't make any overseas payments unless this form is completed and submitted along with the others.**

**Account into which a surviving partner's pension is to be paid:**

Name of Account Holder:			
Name of Bank / Building Society:			
Sort Code: (six 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:	

**Please make sure that the bank or building society details you have included on this form are written clearly so that payment(s) can be made to the correct account(s).**

## Section 5. Applying for balance of pension

To be completed by the husband, wife, civil partner, 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. (By completing this section, it does not guarantee you an entitlement to any payments).

**If you want the pension to be paid into an overseas bank account, please get in touch to ask for a different form. We can't make any overseas payments unless this form is completed and submitted along with the others.**

Name:			
Relationship to deceased:			
Address:			
		Postcode:	
Email Address:		Telephone No:	

Name of Account Holder:	
Name of Bank / Building Society:	
Sort Code: (six 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)	

**Please make sure that the bank or building society details you have included on this form are written clearly so that payment(s) can be made to the correct account(s).**

**Declaration:** I confirm 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. I understand that in the event of any other persons laying claim to the estate of the deceased member, these claims will be the responsibility of me and not the Clwyd Pension Fund.

Name (PRINT):			
Signature:		Date:	

## Section 6. Applying for an eligible child's pension

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

To qualify for a child's pension, the child must be:

- 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
- 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 when they died

<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 work because of a physical or mental impairment and either: <ul style="list-style-type: none"><li>• has not reached the age of 23; or</li><li>• 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>

Please confirm the number of eligible children the deceased member had:	
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**Please note:** a copy of the child pension form must be completed for each eligible child

Please give the name and details of any child(ren) who do NOT meet the eligible children criteria:

### Child 1

Name:		Date of Birth:	
Address:			
	Postcode:		
Email address:			

### Child 2

Name:		Date of Birth:	
Address:			
	Postcode:		
Email address:			

**Declaration:** I confirm 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.

Name of parent / guardian / informant:			
Signature:		Date:	

## Child pension form (Page 1 of 2)

The next of kin or personal representative of the deceased should complete a child pension form for each eligible child. Each form is two pages.

Eligible Child's Name:			
Address:			
	Postcode:		
Date of Birth:		Email Address:	

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

	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 <b>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 when they died
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**I can confirm that the eligible child meets the following condition(s) (please ✓ to confirm):**

	<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 work because of a physical or mental impairment and either: <ul style="list-style-type: none"><li>• has not reached the age of 23; or</li><li>• 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>

**I attach the following (please ✓ relevant boxes):**

	Birth certificate for each eligible child (a full version certificate confirming the parents' names is needed)
	Written 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 confirm that I am the parent / guardian of the child 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:	



## Child pension form (Page 2 of 2)

If condition B has **NOT** been ticked on page 1 of the child's pension form, you do not need to complete the section on this page.

If condition B **HAS** been ticked on page 1 of the child's pension form, please give this form to a **representative at the educational establishment** to get written confirmation 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 getting this information.

**Please note:** To be completed by a representative at the educational establishment only.

Eligible child's name:				
NI Number:				
Date of Birth:				
Name of school / college / establishment:				
Student reference:				
Is the course part of an apprenticeship?				
When did the course commence?				
Is there any remuneration being received in respect of full-time training? <b>You do not need to tell us about any student loan or government grant.</b>	Yes		No	
If yes, please confirm the annual amount:	£			
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:			
		Postcode:	
Official stamp from the educational establishment:			

## Child pension form (Page 1 of 2)

The next of kin or personal representative of the deceased should complete a child pension form for each eligible child. Each form is two pages.

Eligible Child's Name:			
Address:			
	Postcode:		
Date of Birth:		Email Address:	

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

	<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 when they died</p>
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**I can confirm that the eligible child meets the following condition(s) (please ✓ to confirm):**

	<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
	<p><b>Condition C:</b> The person is unable to work because of a physical or mental impairment and either:</p> <ul style="list-style-type: none"> <li>• has not reached the age of 23; or</li> <li>• 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>

**I attach the following (please ✓ relevant boxes):**

	Birth certificate for each eligible child (a full version certificate confirming the parents' names is needed)
	Written 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 confirm that I am the parent / guardian of the child 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:	

## Child pension form (Page 2 of 2)

If condition B has **NOT** been ticked on page 1 of the child's pension form, you do not need to complete the section on this page.

If condition B **HAS** been ticked on page 1 of the child's pension form, please give this form to a **representative at the educational establishment** to get written confirmation 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 getting this information.

**Please note:** To be completed by a representative at the educational establishment only.

Eligible child's name:				
NI Number:				
Date of Birth:				
Name of school / college / establishment:				
Student reference:				
Is the course part of an apprenticeship?				
When did the course commence?				
Is there any remuneration being received in respect of full-time training? <b>You do not need to tell us about any student loan or government grant.</b>	Yes		No	
If yes, please confirm the annual amount:	£			
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:			
		Postcode:	
Official stamp from the educational establishment:			

## 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.

If you want the pension to be paid into an overseas bank account, please get in touch to ask for a different form. We can't make any overseas payments unless this form is completed and submitted along with the others.

### Eligible Child 1 Bank Details

Name of Account Holder:			
Name of Bank / Building Society:			
Sort Code: (six 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)			
Name (PRINT):			
Signature:		Date:	

### Eligible Child 2 Bank Details

Name of Account Holder:			
Name of Bank / Building Society:			
Sort Code: (six 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)			
Name (PRINT):			
Signature:		Date:	

Please make sure that the bank or building society details you have included on this form are written clearly so that payment(s) can be made to the correct account(s).