

To the Trustees of the BAE Systems 2000 Pension Plan
Nomination of Specified Dependant Form

This form is for completion by a Member who wishes to nominate a Specified Dependant.

Before completing this form, please ensure you have read the accompanying notes and have attached the necessary documentary evidence.

If you are nominating more than one Specified Dependant, you must complete a separate form for each person you are nominating and record the names of the other Specified Dependents overleaf

Member Details:

Surname: Forenames:

NI Number: Date of Birth:

Address:

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Telephone: Email:

Please tick

Membership Category: Active Deferred

All nominations must be received before age 65 or, if earlier, before pension starts. No nominations can be made by pensioners.

Martial Status: Martial Status: Single Married Divorced Civil Partner

In this section please provide details of the person you are nominating and their relationship to you.

Specified Dependant Details

Surname: Forenames:

NI Number: Date of Birth:

Address:

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Relationship:

Only complete this section if you have a Legal Spouse or Civil Partner. Please tick the appropriate boxes

Martial Status of Member

I have a Spouse/Civil Partner.

Provide name of Spouse/Civil Partner: _____

I am not ordinary resident with my Spouse/Civil Partner.

Note: If you are resident with your Spouse or Civil Partner you cannot nominate a Specified Dependant.

Dependency

In this section please provide details of the Specified Dependant's financial dependency.

For the nomination to be accepted, the Trustees must be satisfied that the Specified Dependant is wholly or mainly dependant upon you (the Member) for the ordinary necessities of life. This must be the case at the time of nomination. Please note that the same level of dependency will also be tested when the benefit becomes payable.

Is the nominee wholly or mainly dependant upon you? Yes No

You must be prepared to provide documentary evidence of the Specified Dependant's dependency to the Trustees.

Please provide copies of the relevant documents and provide any written evidence on a separate sheet of paper.

Please tick the appropriate boxes to indicate what documents you have provided. Have you included;

Details of the income of the Specified Dependant?
(include details of any allowance you pay the Specified Dependant, and any pensions or salary they receive)

Details of living expenses, shared with the Specified Dependant?

Details of any other income the Specified Dependant has (interest from investments, State Benefits, etc.)?

Copies of bank statements, mortgage statements and utility bills?

A written statement, if this will be helpful to the Trustees?

The Specified Dependant's Birth Certificate?

More than one Specified Dependant?

Complete this section if you are nominating more than one person for consideration as a Specified Dependant. Separate forms must be completed for each person being nominated.

Please tick this box if you are nominating more than one Specified Dependant

Please provide names of other persons being nominated as Specified Dependents

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Declaration by Member

I declare the statements on this form are true to the best of my knowledge and belief and have read and understood the accompanying notes.

I understand that a Specified Dependant's pension will only be paid if this nomination is accepted by the Trustees and if my Specified Dependant is still wholly or mainly dependent upon me when I die.

I understand that, if I have declared that my Spouse or Civil Partner is no longer resident with me, no pension benefits will be payable to the Spouse or Civil Partner, even if my Specified Dependant pre-deceases me.

Name: Signature:

Date: :

Trustee Decision

The above named Specified Dependant is: Accepted Not Accepted

Name: Signature:

Date: