



Northern Ireland Fire & Rescue Service

HSC Pension Service
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Email: NIFRSQueries@hscni.net

Cancellation of Existing Partner or Death Benefit Nomination

Please read these notes before completing the form for cancelling an existing nomination, then keep them in a safe place.

1. You may use this form **only** if you have membership on or after 1 April 2008.
2. You may choose to cancel an existing partner nomination or death benefit nomination by completing this form.
3. If you wish to amend an existing nomination you must submit a new application using form PN1 for a partner nomination or form DG3 for a death benefit nomination.
4. Submitting this form will result in the appropriate nominations being revoked completely. This means that any benefits payable upon your death will be paid in accordance with the Scheme rules, rather than to named individual(s) or a body.
5. When you have completed your form please return it to the address at the top of the page.

Request for cancellation of an Existing Partner / Death Benefit Nomination

Part A To be completed by the applicant in all cases

Section 1

Personal details

Please complete in ***black ink***, using **CAPITAL LETTERS**

Title (Mr, Mrs, Miss,

Ms) Surname

Other Names

Address

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| |
| |
| |
| |
| Postcode |

National Insurance

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|--|--|--|--|--|--|--|--|--|

No Date of Birth

Email

address

Telephone

Section 2 Cancellation details

You may cancel your existing partner nomination by indicating below.
If you wish to amend an existing nomination you should make a new nomination.

I wish to cancel my existing:

Partner nomination

Death benefit nomination

Part B Declaration

I confirm that I wish to cancel my existing nomination(s) as indicated above and understand that this means that any benefits payable upon my death will be paid in accordance with the Scheme rules, rather than to named individuals or bodies.

Sign

Date

Now send this form to the address shown on page 1. We will send a copy of the form back to you.