

Application for Lump Sum on Death ONLY - Death in Service (AW10a)

Please read the guidance notes below and the Survivor Guide first (*available on www.hscpensions.hscni.net*)

Member's National Insurance Number:

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Notes

HSC Pension Service may be able to pay a lump sum on death to the personal representative(s) of the deceased, to be included as part of the member's Estate, or to someone else if the deceased nominated them to receive it i.e. by completing a Death Benefit Nomination (DG3).

If the late member made a valid declaration that they wish the lump sum on death to be paid to one or more nominees a separate claim is required for each nominee. These will be issued by HSC Pension Service as appropriate upon receipt of the first claim.

HSC Pension Service must inform the personal representative of any lump sum on death paid. This is because the payment may be subject to a Lifetime Allowance Charge (LTAC); please see the Survivors Guide for more details. The liability to pay any tax charge lies with the person or organisation receiving the lump sum on death.

The personal representative is the person responsible for administering the Estate of the deceased. This is a wide definition, and does not have to be a formal appointment. The surviving partner is not necessarily the personal representative.

A HM Revenue & Customs (HMRC) requirement is that HSC Pension Scheme must inform the personal representative of the following information within **three** months of the final payment:

- The amount and date of the lump sum on death paid in respect of the member
- The percentage of the standard Lifetime Allowance used by the lump sum on death in respect of the member.

Do not delay your claim as the lump sum on death benefit must be paid within two years of the date upon which the Scheme Administrator was first notified of the member's death otherwise it will be subject to a HMRC tax charge of up to 45%. HSC Pensions has no discretion and must deduct this tax charge from the lump sum payment.

Do not send the Will, any Grant of Probate, or Letters of Administration with this form. We will write to you if we need them.

Before you return this form, write down our address, member helpline and the national insurance number.

Our address is:

HSC Pension Service
Orchard House
40 Foyle Street
Londonderry BT48 6AT

Member helpline 028 71 319111

Important: Your claim cannot be processed until all supporting documentation has been received and verified.

Part 1 – Details of the dependents you are claiming for

1.1 About the deceased.

Please write clearly and in **BLACK** pen

Title (e.g. Mr, Mrs, Miss, Dr)

Date of birth

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Surname

Date of death

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Other names

Gender

What was the member's marital status? – must be completed in all cases

- Status Single (never married) Married Formed a civil partnership
 Divorced Civil Partnership dissolved
 Widowed

1.2 About yourself.

Title (e.g. Mr, Mrs, Miss, Dr)

Address

Post code									

Surname

Former surname (if applicable)

Email address

Contact telephone number

1.3 About the personal representative – must be completed in all cases

Title (e.g. Mr, Mrs, Miss, Dr)

Address

Post code									

Surname

Other names

Contact telephone number

Email address

1.4 Bank Details

Bank or Building Society account details

Name of account holder

Branch Sort Code

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Account Number

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And/or Building Society Roll no.

Full name and address of bank/building society.

Post code

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If your bank is outside the UK, please indicate which country your pension will be paid to:

You will need to complete a TAPS mandate form for benefit payments to be made to an overseas bank account and attach it to this application. Please contact HSC Pension Service directly to retrieve relevant form.

Part 2 – Declaration

I declare that the information I have given on this form is correct and complete to the best of my knowledge and belief. If I become aware of any change in the information given on the form, or any further new information relevant to the form, after I have sent it I hereby agree to notify the Scheme Administrator of those changes and any further or new information at the earliest possible opportunity.

I am the legal personal representative(s) of the deceased

I/We the undersigned apply for payment of the death gratuity

Please sign here

Print your full name

Date

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Data Protection

The Health and Social Care Pension Service will use any information you provide in connection with your pension scheme to administer and operate the scheme and pay benefits under it. This may include passing details to relevant third parties to ensure we maintain an accurate record. In order to fulfil its duty to protect public money, HSC Pension Service may use the information it holds to prevent and detect fraud.

For more information on how we will use your data, please read our Privacy Policy at:

<http://www.hscpensions.hscni.net/download/HSCPS-Privacy-Policy.pdf>