

**Bangor University
Pension & Assurance Scheme**

Application Form

Please use capital letters

Surname:

Forenames:

Title

Marital Status:

Date of Birth:/...../.....

Wife/Husband's Date of Birth:/...../.....

I hereby apply for admission as a member of the scheme and I agree that the contribution required from me under the Rules of the Scheme may be deducted from my salary.

Signature of employee:

Date:/...../.....

Please note that we are obliged to verify your date of birth. We should be able to do so from the Proofs of Identity that you supply to Human Resources, as detailed in the letter accompanying your contract.

Bangor University Pension & Assurance Scheme

EXPRESSION OF WISH FORM

Regarding who is to benefit from the Scheme on the death of a member.

Enter your surname and first name(s) below

| MEMBER'S SURNAME | FIRST NAME(S) |
|------------------|---------------|
| | |

In the event of my death I wish the discretion under the scheme rules to be exercised so that the Trustees will apply any lump sum benefits arising under the above scheme for the benefit of the following dependant(s) in the proportions shown:

1. Name: _____

Address: _____

Relationship: _____

Proportion: _____

2. Name: _____

Address: _____

Relationship: _____

Proportion: _____

I understand that this is only an expression of wish which is not binding on the Trustees and which may be revoked or revised in a further letter from me.

Signature of Member: _____ Date: _____

Special Notes:

1. Please ensure that the dependants indicated are within the definition of dependants in the rules. This includes a wide range of people. If you are in any doubt, contact the Pension Section, as a request to pay a person not in the definition cannot be affected by the Trustees.
2. You may if you wish, request the Trustees to arrange for the lump sum benefits to be paid to your estate. If so, please write "To my estate" against "Name" above, completing also "Proportion".

Bangor University Pension & Assurance Scheme

REGISTRATION OF POTENTIAL DEPENDANT

On the death of a member, pensioner member or deferred pensioner, the Trustees of the Scheme will ascertain whether there is a spouse, Civil Partner or Dependand. If you are neither married nor in a Civil Partnership and would like to register someone whom you believe to be dependent on you, you may complete this form. You do not need to complete this form in respect of your spouse, Civil Partner, or child who would be eligible to receive a pension in their own right under the rules of the Scheme.

MEMBER DETAILS:

Surname:..... Initials:..... Title:.....

National Insurance Number:.....

DEPENDANT DETAILS (see below for definition of a dependant)

Name:.....

Relationship to member (e.g. Partner or relative):.....

Nature of dependency (e.g. Financial or due to incapacity):.....

Address (if different from member):.....

.....

Completion of this form does not commit the Trustees to pay a pension as that decision can only be made at the time of death. Payment of a dependant's pension is solely at the Trustees' discretion.

Signature of member:..... **Date:**.....

Definitions

Dependant means, in relation to any member, any individual (whether or not a relative) who, in the opinion of the Trustees, is or was at the time of such member's death, wholly or partly dependent upon such member for the provision of all or any of the ordinary necessities of life. You do not need to register a child on this form who would be eligible to receive a pension in their own right under the rules of the Scheme.

(The Trustees will make enquiries of the relationship between the member and the named dependant which must be answered to the Trustees satisfaction before payment of a dependant's pension can be considered.)

Civil Partner means, a relationship between two people of the same sex, who have registered their relationship in accordance with the provisions of the Civil Partnership Act 2004.