

# IMPERIAL TOBACCO PENSION FUND

## Application for Nominated Dependent's Benefit

Note : All information on this form will be treated in strict confidence

### Member Details

Your Name:.....Date of Birth.....

Membership Status: Employee/Deferred/Pensioner (please tick/circle)

Pension Fund Number.....Marital Status:.....

Home Address:.....

.....

I wish to nominate for dependent's benefits, the person named overleaf (Delete as appropriate)

- (i) Whom I have a legal obligation to maintain
- (ii) With whom I have cohabited for at least two years and with whom I share household expenses
- (iii) Who is wholly or mainly dependent upon me

Please state the proportion of the dependent's pension that you want the persons named overleaf to receive:

Whole/Other(specify).....

**N.B.** This is only an expression of the member's wish as the Trustees retain the decision as to how benefit as to how benefit is divided in cases of more than one dependent. The legal widow or widower (if any) must receive at least half of the benefit unless the member has been accepted by the Trustees, as a single person. The legal widow or widower must receive the widow's/widower's GMP in all cases.

If this nomination is accepted, I undertake to notify my Pay/Personnel Department or the Pension Fund Office of any change in the particulars shown overleaf. I understand that the dependent's benefit will only be payable if the circumstances are unchanged at the date of my death.

**Note:** You will receive a letter in due course telling you whether or not the nomination has been accepted.

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## Details of person you wish to nominate

Title:..... Full Name:.....

Home

Address:.....

.....

Marital Status: Single / Married / Divorced / Widowed

Relationship to you:.....

Date of Birth:.....

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1. If you are nominating a person whom you have legal obligation to maintain e.g. former wife, please tick the below box and ignore sections 3 and 4.

Tick

2. If you are nominating a person as part of a divorce settlement please tick this box and ignore sections 3 and 4.

Tick

3. If you are nominating the person with whom you are cohabiting, please state how long you and the nominee have cohabited and shared household expenses:

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4. If you are nominating a person, or person other than someone with whom you are cohabiting, please answer the following questions:

(a) For how long and in what way has the nominee been dependent upon the member?  
.....

(b) Does the nominee live with the member: YES / NO

(c) Does the member have a Dependent Relative's Allowance in his/her Income Tax assessment in respect of the nominee: YES / NO

(d) Ignore this question if the answer to (c) is YES

What proportion of the nominee's income comes from the member?

e.g. 1/6, 1/4, 1/2, etc.....

5. Any other relevant information

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## **Data Protection**

The Trustee of the Fund is a data controller in respect of your personal data for the purposes of data protection laws. Further information on how we handle your personal data is set out in our Privacy Notice. A copy of this was sent to Pension Fund members in May 2018. A copy of the Privacy Notice can be requested from the Pension Fund Office at:

Imperial Tobacco Pension Fund Office,  
PO Box 3242, Winterstoke Road, Bristol BS3 9GY  
Email [pension.enquiries@uk.imptob.com](mailto:pension.enquiries@uk.imptob.com), Telephone 0117 953 0000

The information which we collect about you in this application for nominated dependant benefit includes certain special categories of data (also sometimes known as sensitive personal data), namely information relating to your marital status and family / dependants. We will use this personal data for the purposes of processing your application and administering the benefit.

We may also need to share this personal data with the scheme actuary, legal advisors, insurers, benefits consultants, annuity providers and auditors ("Third Parties"). These Third Parties will use the personal data for the same purposes as us and will also be data controllers of it. You can find out the names of these Third Parties at any time by contacting the Pension Fund Office.

Both we and the Third Parties need your consent to collect, use and share your personal data for the purposes set out above.

You are entitled to withdraw your consent at any time, and may do so by contacting the Pension Fund Office. If you withdraw your consent, we will pass the withdrawal to the Third Parties unless that is impossible or involves disproportionate effort. Further information about what happens if you withdraw your consent is set out in our Privacy Notice. Please sign below to give your consent to the collection, use and sharing of your personal data as described above by the Trustee and the Third Parties.

Signed:.....Date:.....

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PO Box 3242, Winterstoke Road, Bristol BS3 9GY  
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