

PERSONAL DETAILS FOR PAYMENT OF BENEFITS

JSS 2 LEAVER

Note: This form must be completed by all members leaving the Scheme except if they have resigned.

A Full Name

Address including post code

Contact Tel No

Employer

Last day of service

Scheme No.

Marital Status (Please complete as necessary)

(a) Are you or have you ever been married, or in a registered civil partnership?

(b) Spouse's or civil partner's name

(c) If your spouse or civil partner has died, or the marriage or civil partnership has come to an end (through divorce or dissolution), please give the date.

Please submit a copy of either the death certificate, the decree absolute or civil partner dissolution certificate as appropriate.

Nuvos, Classic Plus or Premium Scheme members only

If unmarried, and in a 'long term relationship', your partner may be nominated to receive a partner's pension from the Scheme should you pre-decease them. If you have not made a partner nomination, or if in the future you enter a new relationship and wish to make a new nomination, please request a 'Declaration' form from JSS.

Note: If you marry or enter into a registered civil partnership, any partner nomination would automatically be cancelled, as it would be replaced by the provision of a spouses or civil partners pension.

Type of Award (Delete/complete as applicable)

B Bank Details

We are only able to make payment into a current bank account. We are unable to make payments into building society accounts. For NUVOS and Premium Scheme members, a lump sum is only payable if an option to commute pension is made. Contact JSS for further details.

Bank

Sort code

A/C in the Name of

Account No

C Are there any voluntary deductions being made from your salary that you wish to be continued from your pension or annual compensation payment? If so please list them below.

Organisation	Deductions per Month
<input type="text"/>	<input type="text"/>

Please sign the indemnity below and have this witnessed by any registered elector (not a relative)

D Indemnity

I understand that in the event of my death, or change in my entitlement, any resultant overpayment will have to be refunded.

Signature

Date

Witnessed By (BLOCK CAPITALS)

Signature

Date

Address