



# North Yorkshire Pension Fund Family Information Form

Please complete this form, it will help the North Yorkshire Pension Fund (NYPF) make an informed decision regarding the payment of any lump sum death benefits.

Such benefits are not payable to an individual by right, but are paid at NYPF's discretion. Therefore, please note that completing this form does not automatically entitle anyone to the payment of any benefits.

## Section 1: Marital status at date of death

I confirm that at the date of death [redacted] was (Please tick the appropriate box):

Single (never married)	<input type="checkbox"/>		
Married/Civil Partnership *	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Cohabiting *	<input checked="" type="checkbox"/>	Date (if known)	SINCE 1999
Widowed	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Divorced	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Separated –but still legally married *	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Not Known	<input type="checkbox"/>		

If they were married or in a civil partnership with their current partner more than once, please provide the dates of the relationships below. This information is needed as it may affect the benefits due.

\*Full name of husband/wife/civil partner or cohabiting partner:

Date of Birth:

Address:

Post Code:

Telephone:

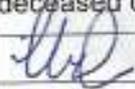
*my nominated contact*

**Section 2: Children**

Did they have any children (of any age)? This can include children born up to 12 months after the member's death.

No

I declare that the deceased did not have any children.

Signed: 

Print name: 

Date: 25 / 2 / 21

Yes

Name of Child:

Date of birth:  /  /  Sex  M /  F

Address:

Post Code:  Telephone:

Name of Child:

Date of birth:  /  /  Sex  M /  F

Address:

Post Code:  Telephone:

Name of Child:

Date of birth:  /  /  Sex  M /  F

Address:

Post Code:  Telephone:

Name of Child:

Date of birth:  /  /  Sex  M /  F

Address:

Post Code:  Telephone:

If there are more than four children please write their details on another sheet of paper and attach it.

### Section 3: Dependents

Was anyone dependent on them at the time of their death, other than those mentioned in sections 1 and 2?  
For example: partner, stepchild etc.

No

I declare that nobody was dependent on the deceased at the date of their death.

Signed:

*[Signature]*

Print name:

[Redacted]

Date:

25 / 2 / 21

Yes

Name:

[Redacted]

Date of birth:

/ /

Sex

M

/

F

Address:

[Redacted]

Post Code:

Telephone:

Relationship to the deceased:

[Redacted]

Name:

[Redacted]

Date of birth:

/ /

Sex

M

/

F

Address:

[Redacted]

Post Code:

Telephone:

Relationship to the deceased:

[Redacted]

Name:

[Redacted]

Date of birth:

/ /

Sex

M

/

F

Address:

[Redacted]

Post Code:

Telephone:

Relationship to the deceased:

[Redacted]

If there are more than three dependants please write their details on another sheet of paper and attach it.

**Section 4: Close Relatives**

Did they have any other close relatives? For example, mother, father, sister, brother etc.

No

I declare the deceased had no other close relatives at the date of their death.

Signed:

Print name:

Date:

Yes

Name:

Date of birth:

Sex

 M /  F

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

 M /  F

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

 M /  F

Address:

Post Code:

Telephone:

Relationship to the deceased:

If there are more than three close relatives please write their details on another sheet of paper and attach it.

**Section 5: Additional Information**

This section must be completed, if it is left blank this form will be returned to you.

The NYPF have the final decision about who death grants are paid to but please tell us how you think they would have wanted their death grant paid and the reasons why.

As dictated by [REDACTED]

[REDACTED] died of cancer January 2019 - We had been together for 20 years.

We had a lot of problems & injustices from her sister who she was ill & it has been ongoing since.

I got a Government Grant towards the funeral - I was 72 at the time of [REDACTED] death. I only have my state pension & I have had to settle [REDACTED] debts - Catalogues, Car etc.

Since [REDACTED] death I would get guaranteed pension credit & attend more allowance.

I have nothing of [REDACTED] - Her sister is still asking for her bank cards, passport etc even tho it is over 2 years. I have all her official things back to the relevant companies ie bank, DVLA, passport office etc

I am sorry I do not have any more information as the father of sister

**Section 6: Funeral Expenses**

Have you paid / or will you be paying the funeral expenses?	<input checked="" type="radio"/> Y / <input type="radio"/> N
If yes please enclose a copy of the invoice/receipt.	

She was buried by The Chaplain, Scarborough St. Scarborough. I am unable to find a copy of the invoice

**Section 7: Will**

Had they made a will at the time of their death?

No

I declare that the deceased had not made a will at the time of their death.

Signed:



Print name:



Date:

25 / 2 / 21

Yes

Please tick this box if the deceased had made a will at the time of their death:

Please send us a copy of the will.

**Section 8: Legal representative or executor**

Is there a legal representative or executor:

Y

/

N

If yes please complete box 8A.

**Section 8A**

**Details of legal representative or executor**

Name of organisation if applicable:

Name of individual if applicable:

Address:

Post Code:

Telephone:

**Section 9: Other benefits**

Did they have any other benefits in the Local Government Pension Scheme (LGPS) in England and Wales?

No

I declare to the best of my knowledge that the deceased did not have any other benefits in the LGPS in England and Wales (other than a pension credit or survivor pension) and that, should the declaration turnout to be incorrect, I will refund to NYPF any resulting overpayment.

Signed:



Print name:



Date:

25 1 02 1 21

Yes

Name of Fund

Address of Fund:

Post Code:

Telephone:

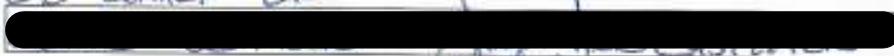
**Section 10: Declaration**

I declare that, to the best of my knowledge, the information contained in this form is accurate and complete. I understand that NYPF reserves the right to reconsider any decision taken after considering inaccurate or incomplete information provided on this form and that I, or any other beneficiary benefitting from such a decision, may be required to refund to NYPF all or part of any payment resulting from such a decision.

I also understand that there may be a delay in the settlement of the claim, if any, if the form has not been fully completed.

Full Name

(please print):

On behalf of 

Signed:



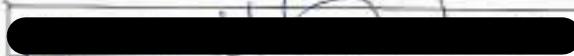
Address:



Post Code:

Telephone:

E-mail address:



Relationship to the deceased:

Advocate & friend for 35 years