

## The Combined Nuclear Pension Plan GPS Benefit Structure Declaration of Adult Dependant

Name: ..... NI Number: .....

I the undersigned have read the Member's Booklet and fully understand that if I die before retirement, any benefit payable under the provisions of the Scheme will be distributed by the Trustees in their absolute discretion. However, I wish to declare for this purpose the person specified below as a possible recipient and I understand that, before exercising their discretion, the Trustees will note this declaration. This form supersedes any earlier declaration made by me.

### Details of Adult Dependant

Full Name:

Address:

Relationship:

**Member's Signature:** .....

**Date:**.....

### NOTES

- You should renew your declaration following your own or you nominee's marriage, divorce, civil partnership or its dissolution, or any other significant change in circumstances.

**This form should be completed and returned to your Employer Representative.**