

The Scheme Trustee recognises that it is very important that a member's pension can be safely managed in the event that they become unable to manage it. Providing valid power of authority documentation is the most straightforward way for the Scheme to establish someone else ("*the applicant*") has the authority to act on a pensioner's behalf.

The Trustee also recognises that there are sometimes circumstances where pensioners may not have power of attorney documentation and they are now unable to appoint an attorney because of ill-health. The Pensions Office will look to work with members' family in these circumstances.

Whatever the circumstances you should complete this form and return it to the Pensions Office for consideration.

A	PENSIONERS' DETAILS To be completed by the applicant	
Scheme membership number:		
Title:	First Name:	Surname:
Current residence:		
Postcode:		

B	PENSIONERS' CONFIRMATION To be completed by the Pensioner		
As I am unable to manage my financial affairs due to incapacity, I request and authorise you to send any correspondence, and/or pay all my future monthly instalments of pension from the British Steel Pension Scheme, to [please insert THIRD PARTY Name here] until further notice.			
Your signature:			
Print your name here:	Title:	First Name:	Surname:
If you are unable to sign Part B please ✓ here		<input type="checkbox"/>	

C

APPLICANTS' EVIDENCE OF IDENTITY

To be completed by the applicant

Before you can act on behalf of someone else, we'll need to check the power of attorney you hold. We'll also need to check your details. This is an important part of protecting our members.

To be completed by the applicant, please ✓ each box to confirm your identity documentation is included.

I enclose a copy of either a current photocard driving licence or the page of a valid passport containing applicant's personal details.

I enclose a recent bank statement/utility bill (dated within last 6 months) confirming applicant's current address.

If there are other attorneys, we may need to check their details too so please provide their current address.

D

DOCUMENTS TO SUPPORT APPLICATION

To be completed by the applicant, please ✓ one box and then please proceed to the relevant section.

I have a Court of Protection order Go to Part F

I have a valid Power of Attorney document to support my application Go to Part F

I have neither of the above documents, but can offer other supporting documentation Go to Part E

Please provide a full copy of the relevant documentation with this completed form.

If you do not hold either a Court of Protection order or valid Power of Attorney (see Part D above) in respect of the Pensioner, the Trustee requires formal confirmation of the Pensioner's Incapacity from an appropriate individual who knows the Pensioner in order to support your application to act on their behalf. If these circumstances apply, please arrange for the completion of Part E below.

E

CONFIRMATION

To be completed by the appropriate doctor, local authority or residential home senior official

Your signature:

Print your name here: Title: First Name: Surname:

Job Title:

Employer:

Telephone: Email address:

Official Address:

Postcode:

Please explain how you know the Pensioner here:

F

REQUEST TO CHANGE CORRESPONDENCE ADDRESS

To be completed by the applicant, please ✓ one box.

Please send future Scheme correspondence in respect of the Pensioner to:

The Pensioner's address held by the Pensions Office

The Pensioner's new residential address as detailed in Part "A" above

My address in Part "H" on the next page

G

REQUEST TO CHANGE PAYMENT DETAILS

To be completed by the applicant, please ✓ one box and fill in the details.

No change required, please continue to pay the pension to the same account

Please change payment arrangements to the account detailed below

Revised Bank/Building Society details (3rd Party):

Account payee name(s)¹:

Bank / Building Society Name:

Sort code:

Account Number:

Building Society Roll Number:

¹ The account payee name must match the account payee name as registered with the bank, or it could delay payment.

In the case of a organisation such as a local council, care home, etc. seeking to act as a third-party the "account payee" name must refer to the organisation in its title and an accompanying letterhead must be provided to confirm that the bank details quoted relate to the organisation.



INDEMNITY

To be completed by the applicant

As [please insert PENSIONER'S title/first name/surname here] is unable to manage their financial affairs due to Incapacity I/We² would ask the Trustee to accept the revised arrangements referred to in this application. I/We agree to accept responsibility for the payment of all future monthly instalments of pension in respect of the Pensioner on their behalf and hereby indemnify you against all claims, costs, losses or expenses which may arise by reason of any such payments being made under this arrangement. I/We also undertake to advise you of any change in circumstances which could affect this arrangement.

Your signature:

Print your name here:

Title:

First Name:

Surname:

Address:

Postcode:

Email address:

Please detail your relationship to the Pensioner here:



PENSIONS OFFICE ADDRESS

Please return the completed form and documentation to the address below

British Steel Pension Scheme
Sentinel, Ground Floor
105 Waterloo Street
Glasgow
G2 7BW
Scotland
United Kingdom

Telephone: 0330 440 0802 (UK only)
+44 141 274 2244 (outside of UK)

² If more than one individual is required to act as a third party the Pensions Office may need to contact the other(s).