

# Survivor's Payment Form

Please only complete this form with your personal details if you are a surviving spouse, cohabiting partner or civil partner.

Late member's pension reference	<input type="text"/>		
Full name	<input type="text"/>		
Address	<input type="text"/>		
Telephone number	<input type="text"/>	National insurance number	<input type="text"/>

Please indicate the method by which you would like your pension paid, then sign and date Part FOUR.

## Part ONE – Bank Account

Name of bank	<input type="text"/>		
Branch	<input type="text"/>	Sort code	<input type="text"/>
Account held in the name of	<input type="text"/>	Account number	<input type="text"/>

## Part TWO – Building Society Account

Name of building society	<input type="text"/>		
Branch	<input type="text"/>	Account number	<input type="text"/>
Account held in the name of	<input type="text"/>		

If you have your building society's bank details, please complete the following:  
(These can be obtained from your building society upon request)

Name of building society's bank	<input type="text"/>		
Building society's sort code	<input type="text"/>	Building society's bank account number	<input type="text"/>

## Part THREE – National (Post Office) Savings Bank Account

Account held in the name of	<input type="text"/>		
Sort code	<input type="text"/>	Account number	<input type="text"/>

## Part FOUR – Please Sign and Date Below

### Data Protection

By completing this form, you understand that the information given will be collected and stored, in accordance with the relevant data protection legislation. The West Midlands Pension Fund (the Fund) as a data controller, employs strict security measures that protect your personal data. Further information on how the Fund manages your personal data is available on our website [www.wmpfonline.com/about-us/governance/privacy-notice](http://www.wmpfonline.com/about-us/governance/privacy-notice). The Fund's Data Protection Officer can be contacted via email at [wmpfdataprotectionofficer@wolverhampton.gov.uk](mailto:wmpfdataprotectionofficer@wolverhampton.gov.uk)

Signed	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When completed, this form should be returned to:

**West Midlands Pension Fund**  
PO Box 3948  
Wolverhampton  
WV1 1XP