



Allocation application form

If you want to allocate part of your pension to more than one person, please use a separate form for each intended beneficiary.

Please complete this form using BLOCK CAPITALS.

1. Member details

Title _____ Surname _____
First names _____
National Insurance Number _____ Date of birth ___DD/MM/YYYY_ Gender _____
Employer _____

2. Beneficiary details

Title _____ Surname _____
First names _____
National Insurance Number _____ Date of birth ___DD/MM/YYYY_ Gender _____

Relationship : Wife Husband Dependant

If you ticked 'Dependant', please explain how that person is financially dependent upon you.

3. Allocation of part of your pension

What type of allocation do you want to make?

Cancellable Non-cancellable

How much do you want to allocate? £ _____ per month

Do you want the allocation for a limited period? Yes No

If you ticked 'Yes', please give details including the date you wish the allocation to finish.

Date of Retirement __DD/MM/YYYY__ Effective date of allocation __DD/MM/YYYY__

Note: if your retirement is not imminent insert your expected/normal retirement date.

4. Declaration

I apply to USS for a deferred annuity to be paid on my death according to the details on this form.

I have ticked the box below that applies to me.

If you are still employed by a USS Institution

- I am an employee of a USS institution.
- I have more than five years' pensionable service.
- I am aged 50 or over.
- My employer has confirmed in Part 5 that I am actively at work today.
- I am not planning to retire through ill health or infirmity in the next 12 months.
- I have given the medical certificate to my doctor.

If you are entitled to deferred benefits from USS but are not yet receiving them.

- I am entitled to deferred benefits from USS.
- I am aged 50 or over.
- I have given the medical certificate to my doctor.

If you are entitled to deferred benefits from USS but are not yet receiving them, and had a previous allocation cancelled when you left service or withdrew from USS. If this was less than six months ago you do not need to send the medical certificate to USS.

- I am entitled to deferred benefits from USS.
- I had my previous allocation cancelled when I left service.
- I am not absent from work owing to sickness.
- I am not planning to retire through ill health or infirmity in the next 12 months.

If you are a pensioner that retired before 6 April 2006 and have married, separated or divorced in the past six months.

- Effective date __DD/MM/YYYY__
- I am receiving a pension from USS.
- I am sending the relevant certification and my spouse's birth certificate with this form.
- I have given the medical certificate to my doctor.

Member's signature _____ Date _____

5. Employer Declaration

The employer should only fill this in if they employ you at the moment.

To Universities Superannuation Scheme (USS), I confirm that the person named in Part 1:

- is not absent from work today through sickness and
- is paying contributions to USS and
- is not on suspended membership.

Name _____

Position _____

Signed _____

Date _____

What next?

Arrange for your doctor to complete the medical certificate and send to USS (separately from this form if necessary).

Submit this form via your employer (or directly to USS if you are a deferred member).



Medical certificate

Please note that you must get this certificate signed at your own expense. The information will remain confidential to USS.

Please complete this form using BLOCK CAPITALS.

1. Member details

Title _____ Surname _____

First names _____

National Insurance Number _____ Date of birth ___DD/MM/YYYY_ Gender _____

2. For the doctor to fill in

I confirm that the person named in Part 1 is in good health for his/her age,

OR

I cannot confirm that the person named in Part 1 is in good health for his/her age. (please confirm the reason below or use a separate sheet)

Doctor's Name _____

In what capacity are you signing this? (GP, Consultant, Etc.) _____

Signed _____ Date _____

Please sign this form and send it direct to: **Universities Superannuation Scheme Limited, Royal Liver Building, Liverpool, L3 1PY**