
BRITISH COAL STAFF SUPERANNUATION SCHEME APPLICATION TO BECOME A PAYEE

If a member of the Scheme is no longer able to manage their own affairs the Trustees may approve the appointment of someone to receive pension payments and communications on their behalf.

Please complete Sections 1 and 2 in CAPITALS and provide one of the following items of supporting evidence:

- Written confirmation from the Department for Work & Pensions (DWP) that the proposed Personal Representative is authorised to receive State Benefits on behalf of the member, or,
- A copy of Court of Protection confirmation, or,
- A copy of Lasting Power of Attorney documentation.

If none of the required supporting evidence has been obtained, please ask the member's doctor to provide supporting medical evidence and complete **Section 3** of this form. Please send the completed form, together with medical evidence from the doctor, to the Scheme Administrator who will contact the Trustees to consider the application on your behalf.

Please return the completed form and supporting evidence to the Scheme Administrators (details below)

Section 1: Member details

Full name of member

Pension reference number

National Insurance number

Address

Post code

Telephone number

Section 2: Details of the person to be appointed

Full name	<input type="text"/>
Address	<input type="text"/>
Post code	<input type="text"/>
Email	<input type="text"/>
Telephone / mobile number	<input type="text"/>
Date of birth	<input type="text"/>
Your relationship to the member	<input type="text"/>

Reason for the application

Please explain why the member can no longer manage their own affairs, including brief details of any disability and/or medical condition. If none of the supporting evidence detailed above can be supplied, the member's doctor should complete Section 3 overleaf.

Bank details

Do you want to change the bank account we usually pay the member's pension into?

YES NO

If YES, please provide details of the new bank account:

Name of Bank

Is this a joint account with the member?

YES NO

Names of all account holders

Account number

Sort code (6 digits)

Please note we cannot pay pensions into DWP benefit accounts or National Savings Bank accounts.

Only complete Section 3 if none of the supporting evidence referred to above is being provided.

Section 3: Medical information & declaration (member's doctor to complete and sign)

Doctor's name

Name of Practice

Address

Post code

I confirm the member is my patient.

I confirm that the member named in Section 1 is incapable of managing their own affairs.

Signed

Date

Declaration

I hereby request that the benefits payable from the Scheme are paid to me, and promise to use the payments in the best interests of the member at all times. I have enclosed the appropriate evidence or have had **Section 3** completed by the member's doctor.

- **I confirm no other person has been legally appointed to administer the member's affairs.**
- **I will advise the Scheme Administrator if the member's personal circumstances change.**
- **I am responsible for notifying the Scheme Administrator of the member's death and understand that I will be responsible for repayment of any overpayment of pension that may arise through late notification.**

**Signature of person
to be appointed**

Date

Return the form and supporting evidence to:

BCSSS, PO Box 555, Stead House, Darlington, DL1 9YT

Or

Scan the form and supporting evidence and email it to: bcsss@capita.co.uk

Scheme helpline: **0333 222 0074**

If you call the helpline please have the member's pension reference number or National Insurance number to hand for identification and security purposes.