SCPF

ADULT DEPENDANTS FACTSHEET



(for Active Members)

WHO IS THIS FACTSHEET FOR?

This factsheet is for active members of the Shell Contributory Pension Fund (SCPF) who want to complete an expression of wish form to nominate an Adult Dependant, in the absence of a Qualifying Spouse, to receive a benefit in the event of their death.

ADULT DEPENDANTS BENEFITS

The SCPF provides benefits on your death to your Qualifying Spouse and Child(ren).

In the absence of a Qualifying Spouse, your Employing Company can exercise discretion to award a pension to an Adult Dependant.

The Trust Deed and Rules of the SCPF and overriding legislation determines the circumstances in which such a pension can be payable and establishes the test for dependency.

If you do not have a Qualifying Spouse and you would like to request that an individual be considered for an Adult Dependant's pension on your death, please complete the expression of wish form on page 2.

As any Adult Dependant's pension is payable at the discretion of your Employing Company based on circumstances at the time of your death, you will understand that no assurances can be given as to whether a pension will be payable, or the amount of any such pension. The benefits under the SCPF are also subject to the Trust Deed and Rules of the SCPF (as well as the requirements of overriding legislation).

We recommend you make your Adult Dependant aware of the policy and ensure they have contact details of the pensions administration team should the need arise.

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Adult Dependant

Someone over 18 years of age who, in the opinion of your Employing Company, at the time of your death either:

- (a) is financially dependent on you,
- (b) has a financial relationship of mutual dependence with you; or
- (c) is dependent on you because of physical or mental impairment.

Employing Company The participating Member Company that employs you at the date of death

Qualifying Spouse

Someone you are legally married to or in a civil partnership with at the time of your death.

This factsheet provides a summary of the benefits available from the SCPF. Benefits can only be paid in accordance with the Trust Deed and Regulations and relevant law at that time.

Shell Contributory Pension Fund (SCPF)

Adult Dependants Expression of Wish Form



Employee: This form is for active members of the Shell Contributory Pension Fund (SCPF) who, in the absence of a Qualifying Spouse, wish to nominate an adult dependant to be considered for a benefit in the event of their death. Please send a scanned copy with your signature to the Pensions Administration Team UK-PensionsAdmin@shell.com

First Name(s)	Last Name	Shell People Number
Employing company	Location	·

I would like the person named below to be considered for pension benefits as an adult dependant in the event of my death.		
Full name and address	Relationship (if any)	

Further information

Our personal situation is as follows (Delete any that are not applicable)

- We have been partners for years.
- We have lived together for years.
- We own our house jointly.
- We have a joint mortgage/tenancy.
- We have a joint bank account.
- We are each named in our respective Wills as prime beneficiaries of the other's estate.

Notes

Should the need arise and only at the time of death we will request documentary evidence that proves:

- financial dependence,
- mutual dependence, or
- dependence because of physical or mental impairment

I understand that my Employing Company is under no obligation to follow my preference expressed above but that my wishes will be given proper consideration should the need arise.

Signature	
Date	