



ADULT DEPENDANTS FACTSHEET

(for Active Members)

WHO IS THIS FACTSHEET FOR?

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

ADULT DEPENDANTS BENEFITS

The SOCPF 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 SOCPF and overriding legislation determines the circumstances in which such a pension can be payable and establishes the test for dependency.

If you would like to request that an individual other than a Qualifying Spouse be considered for an Adult Dependant's pension on your death, please write to the Pensions Advisory Unit (PAU) in the manner described in this factsheet. All documents and correspondence submitted for this purpose will be kept on file and considered in the event of your death in service.

However, 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 SOCPF are also subject to the Trust Deed and Rules of the SOCPF (as well as the requirements of overriding legislation).

JARGON

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 SOCPF. Benefits can only be paid in accordance with the Trust Deed and Regulations and relevant law at that time.

WHAT DO I NEED TO DO?

1. Complete the attached form.
2. Enclose supporting documentation.

You must provide some documentary evidence that shows financial dependence, mutual dependence or dependence because of physical or mental impairment. Some evidence of shared living costs is likely to be needed before a pension based on financial dependence or mutual dependence may be paid, for example, joint bank accounts or sharing of household bills. The following documents are usually helpful: a joint bank statement, a council tax bill showing both names, a joint utility bill, respective wills naming you both as prime beneficiaries of each other's Estate. However, it is possible that additional information may be requested.

You should also enclose a copy of your dependant's birth certificate (a clear photocopy is acceptable) and any other documentation to evidence any change of name where this has occurred (e.g. following divorce).

If you wish to provide any additional information, please attach a letter.

3. Return the completed form and supporting documents to the Pension Administration Team at the address below.

CONTACT DETAILS

If you have any queries about the information in this factsheet, please contact the Pension Administration Team.

Email: UK-PensionsAdmin@shell.com

Write to: Pension Administration Team, Trustee Services Unit, Shell International Limited, Shell Centre, London, SE1 7NA



Adult Dependants Nomination Form

Employee: This form is for active members of the Shell Overseas Contributory Pension Fund (SOCPF) who wish to nominate an adult dependant other than a Qualifying Spouse to be considered for benefits in the event of their death. Please send a scanned copy with your signature to the Pension 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

Please complete, sign and date this form and enclose the following where applicable:

- a copy of your dependant's birth certificate (a clear photocopy is acceptable) and any other documentation to evidence any change of name where this has occurred (e.g. following divorce)
- copies of documentation that substantiates your shared expenses (e.g. utility bill or joint bank statement)
- a copy of your marriage certificate (and your spouse's birth certificate)
- a copy of your Divorce Decree Absolute

If you wish to provide any additional information, please include a separate letter.

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	