

OSPS University of Oxford Staff Pension Scheme (OSPS)

Registration of po	tential dependants		
Please complete this form in	full by using BLOCK CAPITALS. Pl	lease send the completed form to	the Pensions Office.
Surname			
Forenames			
Date of birth			
Registered dependan	nt or dependants		
Under the rules of OSPS dependent children under		rmally paid only to legally n	narried spouses, civil partners and
to be dependent on you		child), please fill in their of	to a pension but who you believe details below. Please indicate the ne third column.
Dependant's name		Relationship to you	Nature of dependency
	and that the trustees have absolute these people that they are		ayment of pensions to dependents pension following my death.
Signed			
Signature of witness (not a nominated beneficiary	y)		
Name of witness (in block capitals)			
Date jointly signed			
NOM3/Jun13		OSDS	N . C