

PARTNER NOMINATION

Information notes – please detach and retain

If you are a member of the National Health Service Pension Scheme (Scotland) (NHSPS(S), or the Scottish Teachers' Pension Scheme (STPS) and have a minimum of two years service, it is not necessary to nominate a spouse or registered civil partner to receive a pension after you die. They are automatically covered by the scheme's survivor benefits. It is also possible to nominate a (non legal) partner. The benefits payable will be subject to the regulations applicable at the time of joining the scheme. Further information can be found on our website – www.sppa.gov.uk

You can nominate your partner to receive a survivor pension after your death by completing and signing the declaration on the attached application.

The following criteria must be met at the time of death for a partner's application to be accepted:

- you and your partner have been living together in an exclusive long term relationship for at least 2 years and
- you and your partner are free to marry or to enter a civil partnership and
- you and your partner are financially interdependent i.e. you rely on your joint finances to support your standard of living, although you do not need to be contributing equally.

However, you should not rely on this information alone as entitlement to a partner's pension.

Following your death, SPPA will need to be satisfied that your relationship continued to meet the qualifying conditions of the regulations for the payment of a survivor's pension. Evidence of financial interdependency will be required if your partner makes a claim following your death.

Evidence might include:

- confirmation that you lived in a shared household
- shared bank accounts or investments
- a loan or mortgage in joint names
- wills naming each other as the main beneficiary

You should contact us as soon as possible to cancel your nomination if your relationship comes to an end. If you enter into a further relationship you can make a new nomination.

We will acknowledge receipt of your application using the email address supplied. We will not under any circumstances supply this to another party.

*STPS members can purchase pre April 2007 service. Please see our [website](#) for further information.

Personal checklist

You should note on this checklist the date that you forwarded your application to SPPA.

Reference no:

NHSPS(S)

STPS

Date sent: / /

If any of the details change, please advise us immediately.

The address is: Scottish Public Pensions Agency
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE

You can telephone 01896 893000. Please have your reference number ready.

Email contact information can be found on our website at – www.2015.sppa.gov.uk

PARTNER NOMINATION

SECTION 1 - PERSONAL DETAILS

SUPERANNUATION NUMBER:

NHSPS(S)

STPS

Personal Details

Surname

Former Surname

Forename (in full)

Title Dr Mr Mrs Miss Ms Other

Date of birth / /

National Insurance number

Contact details

Contact address

Telephone number

Mobile number

Email address

SECTION 2 – PARTNER DETAILS

I nominate my partner to receive any pension payable from:

Please tick relevant box

NHSPS(S)

STPS

Partner Details

Surname

Former Surname

Forename (in full)

Title Dr Mr Mrs Miss Ms Other

Date of birth / /

National Insurance number

Partner contact details

Contact address

Telephone number

Mobile number

Email address

SECTION 3 – DECLARATION AND SIGNATURES

I confirm the following:

- we have lived together for _____ years, during which time our financial affairs have been interdependent (or the partner has been financially dependent on the scheme member)
- we have a committed relationship (similar to marriage or civil partnership) with each other and we intend to continue this indefinitely
- we are mutually responsible for each other’s welfare
- we are not related in a way that will prevent either marriage or civil partnership
- neither of us is married to or in a civil partnership with anyone else
- neither of us is currently nominated as the partner of anyone else
- we have read the accompanying notes
- I understand that benefits will not be paid unless satisfactory evidence is provided when I die
- I understand that it is my responsibility to review my nomination to keep it up to date.

Member’s signature

Date

 / /

Partner’s signature

Date

 / /

WITNESS DETAILS

A witness cannot be a relative or nominee and must be present at the time of member’s signing.

Witness name

Contact address

Witness signature

Date

 / /

Please return form to SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE