

## Scottish Teachers' Superannuation Scheme

**PARTNER NOMINATION FORM**

Please complete in block capitals and in black ink after reading the notes overleaf

**1. Personal Details**

Superannuation No.	
Surname	
Former Surname	
First Name(s)	
Title	
Date of Birth	
NI Number	

Contact Address	
Telephone Number	
E-Mail Address	

**2. Nomination Details**

I nominate my partner named below to receive an adult dependant's pension payable from the Scottish Teachers' Superannuation Scheme in the event of my death.

Surname	
Former Surname	
First Name(s)	
Title	
Date of Birth	
NI Number	

Contact Address	
Telephone Number	
E-Mail Address	

**3. Declaration by scheme member and partner**

- We confirm the following

- We have lived together for  years, during which time our financial affairs have been interdependent (or the partner has been financially dependant on the scheme member).
- We have a committed relationship 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 will inform the SPPA if our relationship comes to an end
- We understand that benefits will not be paid unless the partner provides satisfactory evidence that the declaration above is valid when the scheme member dies.

Scheme member's signature  Date

Partner's signature  Date

#### 4. Witness Details

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

Witness Name	<input type="text"/>	Contact Address
		<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
		<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
		<input type="text"/>

**You should not rely on this nomination alone giving the partner entitlement to a pension. When the scheme member dies, the SPPA will need to be satisfied that your relationship continued to meet the qualifying conditions for the payment of a pension.**

#### For SPPA use

The nomination over the page has been recorded

Signature  Phone No.

Name  Official Stamp

Date