



Please complete both sides of this form in **black** ink and in **BLOCK CAPITALS**, and return it to us at the address given overleaf. We will acknowledge receipt of the form by sending a copy to you.

Part 1 Personal information

Full Name:	<input type="text"/>							
National Insurance Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payroll Number:	<input type="text"/>			Date of Birth:	<input type="text"/>	/	<input type="text"/>	/
Address:	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>			Postcode:	<input type="text"/>			
Telephone Number:	<input type="text"/>							

Part 2 Partners information

I nominate my partner named below to receive an adult dependant's pension payable under rule E2 of Section 1 of the Principal Civil Service Pension Scheme (Northern Ireland) [PCSPS(NI)].

Partner's full name including title:	<input type="text"/>							
Date of birth:	<input type="text"/>	/	<input type="text"/>	/				
Address (if different from above):	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							
				Postcode:	<input type="text"/>			

Please note:

We will only accept this nomination if both the scheme member and the partner complete the declaration overleaf.

Part 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 my partner has been financially dependent on me).
- We have a committed relationship with each other and intend to continue this indefinitely.
- We are mutually responsible for each other's welfare.
- We are not related in any way that will prevent either marriage or a civil partnership. (please see the list in annex A of the booklet 'Pension for Partners')
- Neither of us is married to nor in a civil partnership with anyone else.
- Neither of us is currently nominated as the partner of anyone else.
- We will tell Civil Service Pensions if our relationship comes to an end.
- We understand that benefits will not be paid unless the partner can provide satisfactory evidence that the above declaration is valid when the scheme member dies.

Scheme member's signature:

Date:

Partner's signature:

Date

This part of the declaration must be completed by someone other than the scheme member or partner.

Name of witness:

Witness address:

 Postcode:

Signature of witness

Date

To be signed in the presence of and with the corresponding date, of the scheme member and the member's partner.

You should not rely on this nomination alone for giving your partner entitlement to a pension when you die. We will need to be satisfied that your relationship continued to meet the qualifying conditions for the payment of a pension. Please read the 'Pension for Partners' booklet for more information.

For Civil Service Pensions use

This nomination has been recorded and a copy has been returned to the member.

Name: Signature:

Date: Telephone Number: