

# Partners Declaration Form



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:

National Insurance Number:

Payroll Number:  Date of Birth:  /  /

Address:   
  
 Postcode:

Telephone Number:

**Part 2 Partners information**

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

Partner's full name including title:

Date of birth:  /  /

National Insurance Number:

Address (if different from above):   
  
 Postcode:

**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 either interdependent or the partner was financially dependent on the scheme member.
- 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.
- 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.

#### For Civil Service Pensions use

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

Name:

Signature:

Date:

Telephone Number: