

Survivor's Pension Nomination of Cohabiting Partner



To be completed by members of the Local Government Pension Scheme

PLEASE READ THESE NOTES CAREFULLY THEN COMPLETE THE FORM OVERLEAF USING BLACK INK

Provided you paid into the LGPS on or after 1 April 2008, you can nominate a cohabiting partner, of either opposite or same sex, by completing the nomination form and returning it to the address shown overleaf.

However, to be able to make a nomination, all of the following conditions must have applied to both you and your nominated co-habiting partner for a continuous period of at least 2 years on the date you both sign the nomination form:

- both you and your nominated cohabiting partner are, and have been, free to marry each other or enter into a civil partnership¹ with each other, **AND**
- you and your nominated cohabiting partner have been living together as if you were husband and wife, or civil partners, **AND**
- neither you nor your nominated cohabiting partner have been living with someone else as if you/they were husband and wife or civil partners, **AND**
- either your nominated cohabiting partner is financially dependent on you or you are financially interdependent on each other

A nomination is not valid if all of the above conditions have not been met for a continuous period of at least 2 years on the date you sign the form.

Your partner is financially dependent on you if you have the highest income. Financially interdependent means that you rely on your joint finances to support your standard of living. It doesn't mean that you need to be contributing equally. For example, if your partner's income is a lot more than yours, he or she may pay the mortgage and most of the bills and you may pay for the weekly shopping.

On your death, partners benefits would be paid to your nominated cohabiting partner if:

- the nomination has effect² at the date of your death, and
- your nominated cohabiting partner satisfies us that the above conditions had been met for a continuous period of at least 2 years immediately prior to your death.

You and your nominated cohabiting partner should be aware that on your death we will have to verify that the conditions for nomination have been satisfied, for example, a confirmation that you lived in a shared household with shared household spending, or that you had a bank account or mortgage in joint names. There would be a right of appeal if we decide not to pay a pension and your partner believes that he/she is entitled.

Completing and returning a form is important as we cannot pay a pension to a cohabiting partner if we do not have a valid nomination form.

If you are married or are in a registered civil partnership do not complete a survivor's pension nomination form for your husband, wife or registered civil partner – they are automatically covered for a survivor benefit in the event of your death.

Remember to let us know of a change in your circumstances which could affect the nomination, or if you wish to cancel it.

¹ A civil partnership is a relationship between two people of the same sex ("civil partners") which is formed when they legally register as civil partners of each other.

² A nomination ceases to have effect if:

- (a) either you or your nominated partner gives us written notice to cancel the nomination, or
- (b) you make a subsequent valid nomination in favour of a new cohabiting partner, or
- (c) either you or your nominated partner marries, forms a civil partnership or lives with a third person as if they were husband and wife or as if they were civil partners, or
- (d) your nominated partner dies before you.

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Please print in BLOCK capitals using **BLACK** ink

Personal Details	Member	Nominated Partner														
Surname	_____	_____														
Forename(s)	_____	_____														
National Insurance Number	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
Employer	_____ _____	N/A														
Date of Birth	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
Home Address	_____ _____															
	Post Code	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>														

Member's Declaration

I nominate my partner to receive a survivor's pension under the Local Government Pension Scheme.

Signature _____ Date _____

Joint Declaration

We confirm that for a continuous period of at least 2 years prior to the date of this declaration each of the following has been applicable:

- we have been free to marry each other or enter into a civil partnership with each other **AND**
- we have lived together as if we were husband and wife or registered civil partners¹ **AND**
- neither of us have been living with someone else as if we were husband and wife or civil partners **AND**
- our financial affairs have been interdependent (or the nominated partner has been financially dependent upon the Scheme member)

Member's Signature _____ Date _____

Nominated partner's Signature _____ Date _____

Once complete send to: Merseyside Pension Fund, PO Box 120 Liverpool L69 2NW

Upon receipt we will register the information and send you a letter confirming this has been done.

Please note: on your death, we will need to be satisfied that your relationship met the qualifying conditions for the payment of a cohabiting partner's pension.