

NOMINATION OF COHABITING PARTNER FOR SPOUSE'S PENSION

From January 2014, a survivor's pension can be paid to a member's cohabiting partner. This form should be completed before you die. The pension can only be paid if the requirements under the Scottish Enterprise Pension & Life Assurance Scheme (the scheme) governing documentation in place from time to time have been met.

ABOUT THIS FORM

- Only use this form if you want to nominate a cohabiting partner.
- An eligible spouse (see the definition below – this includes a civil partner) is **automatically entitled** to a spouse's pension on your death.
- Your cohabiting partner will not be entitled to a survivor's pension if you have an eligible spouse at the date of your death.
- You may also nominate who you would like to benefit from any lump sum payable on your death by completing a separate Nomination Form.
- On receipt of this form we will send you a letter of confirmation that your nomination has been registered.
- Please complete all sections in **BLOCK CAPITALS** using a **black** pen.

YOUR DETAILS

Forename(s):	Surname:
Home address:	Date of birth:
	National Insurance No:
Postcode:	Employee payroll number:

I nominate my partner named below to receive a cohabiting partner's pension. I understand that on my death the scheme will need to be satisfied that, at my date of death, my relationship continued to meet the qualifying conditions for the payment of a nominated cohabiting partner's pension.

The scheme cannot pay a survivor's pension to your cohabiting partner if you also have an **eligible spouse**. An eligible spouse is someone you are still married to, or your civil partner. Your spouse or civil partner at the date of your death will be an eligible spouse unless the spouse or civil partner was:

- separated from you under a legal separation agreement, or
- living with another person as spouses or civil partners.

Under HM Revenue & Customs rules, the scheme can only pay a pension to a cohabiting partner who was financially dependent on you, or whose financial affairs have been interdependent with yours at your death. We suggest that you review regularly what evidence is available as ongoing proof of this.

YOUR NOMINATED COHABITING PARTNER'S DETAILS

Forename(s):	Surname:
Date of birth:	National Insurance No:
Date of commencement of cohabitation:	

DECLARATIONS

We confirm that at the date of this declaration all of the following have applied:

- the member does not have an eligible spouse (see page 1); and
- we are living together as if we are married or registered civil partners; and
- neither of us is living with someone else as if we are spouses or civil partners; and
- our financial affairs are interdependent (or the nominated cohabiting partner is financially dependent upon the member).

We understand that these conditions will need to be met at the date of the member's death in order for a cohabiting partner's pension to be paid.

SIGNATURES

Scheme member _____ Date _____

Nominated cohabiting partner _____ Date _____

CONTACT US

If you need any help, your circumstances change or you wish to cancel your nomination, please contact us:



0141 566 7655



scenadmin@hymans.co.uk



Scottish Enterprise Pension & Life Assurance Scheme
Hymans Robertson LLP
20 Waterloo Street
Glasgow
G2 6DB