

### NHS Pension Scheme - Partner Nomination

**Please read these notes before completing the partner nomination form, then keep them in a safe place.**

Do not complete this form if you are married or in a civil partnership.

1. You may use this form **only** if you have membership on or after 1 April 2008 in either the NHS Pension Scheme (Amended 1.4.2008) or the New NHS Pension Scheme.
2. You can nominate your partner to receive a survivor pension after your death by completing this form and jointly signing the declaration. Your application will be registered by NHS Pensions subject to the eligibility conditions detailed below.
3. A nomination will only be accepted if, after your death, the following conditions are met:
  - you and your partner have been living together in an exclusive long-term relationship for at least 2 years;
  - you and your partner are free to marry or to enter a civil partnership - please refer to 'Guide to relationships that are not allowed to marry in the UK'.
  - you and your partner are financially interdependent i.e. you rely on your joint finances to support your standard of living, although you do not need to be contributing equally.
  - the conditions stated in the declaration section of the form.
4. You should not rely on this information alone giving the partner entitlement to a pension. Following your death, the Scheme administrator will need to be satisfied that your relationship continued to meet the qualifying conditions for the payment of a survivor's pension.
5. Evidence of financial interdependency will be required if your partner makes a claim following your death. Evidence might include:
  - confirmation that you lived in a shared household;
  - shared bank accounts or investments;
  - a loan or mortgage in joint names;
  - have wills naming each other as the main beneficiary.
6. If your relationship comes to an end you should cancel your nomination by completing a 'Request for cancellation of an existing nomination' form (NOM1). You can get this form from our website at: [www.pensions.nhsbsa.nhs.uk](http://www.pensions.nhsbsa.nhs.uk) or ask your Pensions Officer to download a copy for you. If you enter a new relationship, you may want to make a new nomination at some time in the future.
7. When you have completed your form please return it to the address at the top of the page.

## **Guide to relationships that are not allowed to marry in the UK**

This list is based on the statutory list in the Marriage Act 1949, (Section 1 - Schedule 1) and the Civil Partnership Act 2004 (Schedule 1) and apply to England and Wales.

The statutory list may change so the following list is only a guide.

### **A man may not marry his:**

mother, adoptive mother, former adoptive mother, daughter, adoptive daughter, former adoptive daughter, grandmother, granddaughter, sister, half sister, aunt or niece.

### **A woman may not marry her:**

father, adoptive father, former adoptive father, son, adoptive son, former adoptive son, grandfather, grandson, brother, half brother, uncle or nephew.

### **A man may not enter into a civil partnership with his:**

father, adoptive father, former adoptive father, son, adoptive son, former adoptive son, grandfather, grandson, brother, half brother, uncle or nephew.

### **A woman may not enter into a civil partnership with her:**

mother, adoptive mother, former adoptive mother, daughter, adoptive daughter, former adoptive daughter, grandmother, granddaughter, sister, half sister, aunt or niece.

# Pensions

Hesketh House  
200-220 Broadway  
Fleetwood  
Lancashire  
FY7 8LG

## Partner Nomination

### Part A To be completed by the applicant in all cases

#### Section 1 Personal details Please complete in **black ink**, using **CAPITAL** letters

Title (Mr, Mrs, Miss, Ms)	<input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
SD number (if known)	<input type="text"/> / <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

#### Section 2 Partner details

Title (Mr, Mrs, Miss, Ms)	<input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Part B Declaration To be completed by the Scheme member and partner.**

We declare that:

- we have lived together for  years, during which time our financial affairs have been interdependent, or your partner has been financially dependent on you;  
*You must enter a number in the box above*
- we have a committed relationship (similar to marriage or civil partnership) with each other and we intend to continue this indefinitely;
- we are mutually responsible for each others welfare;
- we are not related in a way that would prevent either marriage or a civil partnership;
- neither of us is married to or in a civil partnership with anyone else;
- neither of us is currently nominated as a partner of anyone else;
- we will inform NHS Pensions 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;
- we have read the accompanying notes.

Member's signature

Date

Partner's signature

Date

Now send this form to the address shown on page 1. We will send a copy of the form back to you.