

NHS Pensions - Partner Nomination (PN1)

Notes

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

Do not complete this form if either of you are currently married or in a registered civil partnership.

1. You may use this form **only** if you have pensionable employment on or after 1 April 2008 in the NHS Pension Scheme. Your pensionable service may have started before 1 April 2008 but providing you have pensionable service on or after 1 April 2008 you can complete this form.
2. You can nominate your partner to receive an adult dependant's pension after your death by completing this form and jointly signing the declaration. Your application will be registered by NHS Pensions but the right to receive an adult dependants's pension will be subject to the eligibility conditions detailed below.
3. A nomination will only be accepted if, at the time of your death, the following conditions are met:
 - NHS Pensions has received a correctly completed Partner Nomination form (PN1) signed by you and your partner.
 - You and your partner have been living together in an exclusive long term relationship for at least two years.
 - You and your partner have been free to marry or enter into a civil partnership for at least two years - 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 are verified.
 - Your partner is financially dependent on you.
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 an adult dependant's pension.

If an adult dependant's pension is authorised your nominated partner will also receive any lump sum on death benefit unless you have completed form DB2 in favour of one or more nominees or an organisation.

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
 - wills naming each other as the main beneficiary
 - confirmation of shared household expenditure
 - a joint tenancy agreement (i.e. if living in rented accommodation)
 - a mutual power of attorney
 - your partner being nominated as the main beneficiary of life assurance.

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.nhsbsa.nhs.uk/nhs-pensions or ask your Pensions Officer to download a copy for you. If you enter a new long term relationship, you may want to make a new nomination at some time in the future.
7. When this form has been completed in full, and has been signed and dated by both you and your partner, please return it to the address at the end of the form.

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.

NHS Pensions - Partner Nomination

Part 1 - To be completed by the applicant in all cases

Part 1.1 - Personal details - Please type in the fields below then print off and sign, or print and complete in CAPITAL LETTERS using BLACK INK. (All fields marked with * are mandatory)

* Title (Mr, Mrs, Miss, Dr)

* Surname

* Other names

SD number

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* National Insurance number

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* Date of birth

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* Address

* Post code										

* Contact telephone number

Email address

Gender

Male

Female

Part 1.2 - Partner details

* Title (Mr, Mrs, Miss, Dr)

* Surname

* Other names

SD number

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* National Insurance number

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* Date of birth

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* Address

* Post code										

* Contact telephone number

Email address

Gender

Male

Female

Part 2 - Declaration

To be completed by the Scheme Member and partner.

We declare that:

- neither of us is currently married or in a registered civil partnership
- 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 registered 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 registered civil partnership;
- 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:

NHS Pensions
PO Box 2269
Bolton
BL6 9JS