



**Staffordshire
Pension Fund**
Local Government Pension Scheme

NOMINATION OF COHABITING PARTNER FOR SURVIVOR'S PENSION

First read the explanatory notes in the leaflet "What is Payable in the Event of my Death" (available online at <https://www.staffspf.org.uk/Members/Forms/Cohabiting-Partner.aspx>). Then, if you wish to proceed, complete this form in BLOCK CAPITALS and send to –

**Pension Services Section, Staffordshire County Council,
2 Staffordshire Place, Tipping Street, Stafford ST16 2DH**

Acknowledgement of receipt of this form will be sent to your home address unless you give alternative instructions.

YOUR DETAILS

Surname

Forename(s)

Date of birth

Home Address

.....

NOMINATED PARTNER DETAILS

I nominate my partner named below to receive a nominated cohabiting partner's pension under the Local Government Pension Scheme Regulations

Surname Title (*Mr, Mrs, Ms, Other*)

Forename(s)

Date of birth

Address

.....

You should not rely on this nomination alone to give your partner entitlement to a pension. Upon your death, Staffordshire Pension Fund will need to be satisfied that your relationship met the qualifying conditions for the payment of a pension.

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

DECLARATION

We confirm that –

- We are living together as if we were married or in a registered civil partnership;
- We are both free to marry or enter a civil partnership (i.e. neither of us is married or in a civil partnership with another person and have not yet divorced or dissolved the civil partnership);
- Neither of us is living with a third person as if husband and wife/civil partners;
- Neither of us is currently nominated as the partner of anyone else;
- We are financially interdependent on each other, or my partner is financially dependent on me.

I have read the notes “What is Payable in the Event of my Death”. I wish to nominate the beneficiary or beneficiaries as shown above and overleaf to receive any cohabiting partner’s pension payable under the Local Government Pension Scheme upon my death.

I understand that this nomination revokes any earlier nomination made by me.

I further understand that the Staffordshire County Council as the Pension Fund administering authority may, without being bound in any way to do so, have regard to this nomination but, under the above Regulations, will only make payment of a cohabiting partner’s pension if the qualifying conditions are met.

I understand that if I left the Local Government Pension Scheme before 31 March 2008, that there is no entitlement at all for any cohabiting partner’s pension payable under the Local Government Pension Scheme upon my death. In this event, I understand that this nomination will not be valid.

Scheme member's signature

Date

Nominated partner's signature

Date