Scottish Borders Council Pension Fund
Local Government Pension Scheme Regulations 2014

NOMINATION OF COHABITING PARTNER FOR SURVIVOR'S PENSION - NOTES

Benefits payable on the death of a member of the Local Government Pension Scheme (LGPS) include pensions for children, for a surviving spouse or registered civil partner and, provided the scheme member paid into the LGPS on or after 1 April 2009, for a nominated co-habiting partner.

You can nominate a co-habiting partner, of either opposite or same sex, by completing the nomination form and returning it to the address shown on the form.

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 co-habiting partner are, and have been, free to marry each other or enter into a civil partnership with each other, and
- you and your nominated co-habiting partner have been living together as if you were husband and wife, or civil partners, and
- neither you or your nominated co-habiting partner have been living with someone else as if you were husband and wife or civil partners, and
- either your nominated co-habiting partner is financially dependent on you or you are financially interdependent on each other.

A nomination is only valid if all of the above conditions have been met for a continuous period of at least 2 years on the date you both 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, a survivor’s pension would be paid to your nominated co-habiting partner if:
- the nomination has effect at the date of your death, and
- your nominated co-habiting partner satisfies us that the above conditions had also been met for a continuous period of at least 2 years immediately prior to your death.

You and your nominated co-habiting partner should be aware that on your death we will have to verify that the conditions for paying a survivor’s pension have been satisfied. We may do this by, for example, asking for confirmation that you lived in a shared household with shared household spending, or your partner may be asked to demonstrate 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 has entitlement.

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.
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 co-habiting 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.

Completing and returning a form is important as we cannot pay a pension to a co-habiting 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.
NOMINATION OF COHABITING PARTNER FOR SURVIVOR’S PENSION

Please read the notes above before completing this form. If you wish to proceed, use BLOCK CAPITALS to give details about yourself and your partner as requested below.

YOUR DETAILS
Surname ……………………………………………………………………………………………………………………………
Forename(s) ………………………………………………………………………………………………………………………
Date of birth ………………………………………..   National Insurance No. ………………………………………..
Home Address……………………………………………………………………………………………………………………
……………………………………………………………………………Post Code…………………………
Employer ……………………………………………  Employee Payroll Number…………………………

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

NOMINATED PARTNER’S DETAILS
Surname ……………………………………………  Title (Mr, Mrs, Ms, Other) …………………………………………
Forename(s) ………………………………………………………………………………………………………………………
Date of birth ………………………………………..   National Insurance No. ………………………………………..
Home Address ………………………………………………………………………………………………………………………
……………………………………………………………………………Post Code…………………………

You and your nominated partner should also complete the declaration on the reverse of this form and return it to:

The Pensions Team, Scottish Borders Council, HR Shared Services, Old School Building, Newtown St Boswells, Melrose, TD6 0SA

We will register the information and send you a letter confirming that 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 co-habiting partner’s pension.
DECLARATION

We confirm that for a continuous period of at least 2 years prior to the date of this declaration all of the following have applied –

- 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 partners\(^1\), 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)

[You and your nominated co-habiting partner should be aware that on your death we will have to verify that the conditions for paying a survivor’s pension have been satisfied. We may do this by, for example, asking for confirmation that you lived in a shared household with shared household spending, or your partner may be asked to demonstrate that you had a bank account or mortgage in joint names]

Scheme member’s signature …………………………………………………………………………………………………..
Date …………………………………………………………………………………………………………………………………

Nominated partner’s signature ………………………………………………………………………………………………
Date …………………………………………………………………………………………………………………………………

FOR PENSION FUND USE ONLY

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\(^1\) For these purposes, two people of the same sex are to be regarded as living together as if they were civil partners if they would be regarded as living together as husband and wife if they were not of the same sex.