



**Northern Ireland
Fire & Rescue Service**

**HSC Business Services
Organisation**

HSC Pension Service
Orchard House
40 Foyle Street
Londonderry
BT48 6AT

Tel: 02871 319111
Web: www.hscpensions.hscni.net
Email: NIFRSQueries@hscni.net

NIFRS HSC Pension Scheme Partner Nomination Form

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 civil partnership with anyone else

1. You may use this form **only** if you have scheme membership on or after 1 April 2008.
2. Any nomination will only be effective from 1 April 2008.
3. You can nominate your partner to receive a survivor pension after your death by completing this form and jointly signing the declaration.
4. For a nomination to be accepted certain conditions must be met, including:
 - 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.
5. 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.
6. 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;
 - 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.
7. If your relationship comes to an end and you should cancel your nomination by completing a 'Request for cancellation of an existing nomination' - **Form Cancel (1)**. You can get this form from our website at: www.hscpensions.hscni.net under the heading 'Scheme Forms' or ask your Employer 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.

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

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.

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)

Surname

Other Names

Address

 Postcode

E-mail address

Telephone

National Insurance No

Date of Birth / /

Section 2 Partner details

Title (Mr, Mrs, Miss, Ms)

Surname

Other Names

Address

 Postcode

National Insurance No

Date of Birth / /

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 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 HSC Pension Service 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 HSC Pension Service, NIFRS Team, Orchard House, Londonderry, BT48 6AT.