



**Northern Ireland  
Fire & Rescue Service**

**HSC** Business Services  
Organisation

HSC Pension Service  
Waterside House  
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Londonderry  
BT47 6FP

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Web: [www.hscpensions.hscni.net](http://www.hscpensions.hscni.net)  
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## **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](http://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, Waterside House, Londonderry, BT47 6FP.**