

Partner details form

Please provide details of your partner and your relationship to help us consider their eligibility for a partner's pension in the event of your death.

Please complete this form in black ink and in BLOCK CAPITALS and return it to: Civil Service Pensions, PO Box 2017, Liverpool, L69 2BU

Your personal details

Your name	<input type="text"/>
Your address and postcode	<input type="text"/> <input type="text"/>
Your employer	<input type="text"/>
National Insurance (NI) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please provide your contact details	
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Your partner's details

Their full name (including title)	<input type="text"/>
Address and postcode	<input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance (NI) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Your relationship

- We confirm the following:
 - We have lived together for _____ years.
 - Our financial affairs are interdependent (or either one of us is financially dependent on the other).
 - We have a committed relationship with each other and we intend to continue this indefinitely.
 - We are mutually responsible for each other's welfare.
 - We are not related in a way that will prevent either marriage or civil partnership.
 - Neither of us is married to or in a civil partnership with anyone else.
 - Neither of us is currently nominated as the partner of anyone else.
- We will inform the scheme administrators 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.

Your signature: _____

Date: _____/_____/_____

Partner signature: _____

Date: _____/_____/_____

Important information

- If you want your partner to receive any lump sum death benefits when you die, you must also complete a 'death benefit nomination form'. You will find this on the forms page of the Civil Service Pension Scheme website: **www.civilservicepensionscheme.org.uk**
- Remember to update your partner's details if or when their circumstances change.