



**LOCAL GOVERNMENT PENSION SCHEME (LGPS)  
NOMINATION OF COHABITING PARTNER FOR SURVIVOR'S PENSION**

If you are married or are in a registered civil partnership, you are automatically covered for a survivor benefit in the event of your death. However, provided you have paid into the LGPS on or after 1 April 2008, if you wish to nominate a cohabiting partner, of either opposite or same sex, you need to complete and return this form as a pension cannot be paid to a cohabiting partner if a valid nomination is not held.

**Please note, to be able to make a nomination, all the conditions listed must have applied to you and your partner for a continuous period of at least 2 years on the date you sign the nomination form.**

On your death, a survivor's pension would be paid to your nominated co-habiting partner provided we are satisfied that:

- the nomination still applies at the date of your death, and
- your nominated cohabiting partner can prove that the conditions had also been met for a continuous period of at least 2 years immediately prior to your death. For example, confirmation that you lived in a shared household with shared household spending, or that you had a bank account or mortgage in joint names. There would be a right of appeal if a decision is made not to pay a pension and your partner believes that he/she has entitlement.

**DECLARATION**

*Please print in BLOCK capitals using black ink*

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

	<b>Member</b>	<b>Nominated Partner</b>
Surname		
Forename(s)		
National Insurance Number		
Employer		
Payroll Number		<b>N/A</b>
Date of Birth		
Home Address		
	Post Code	

**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, 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 (financially interdependent means that you rely on your joint finances to support your standard of living).

Member's signature ..... Date .....

Nominated partner's signature ..... Date .....

**Please let us know if there is a change in your circumstances which could affect the nomination, or if you wish to cancel it.**

**Upon receipt of this form, the information will be registered and a letter of confirmation sent to you.**

Please return to:  
Pensions Section, Powys County Council, PO Box 71, Llandrindod Wells, Powys. LD1 9AQ