

Firefighters Pension Scheme 2006

Administered by XPS Administration, PO Box 485, Middlesbrough, TS1 9EE

NOMINATED COHABITING PARTNER'S FORM

IMPORTANT: Read these notes before you complete this form

This form applies only to members of the Firefighters' Pension Scheme 2006 (FPS 2006) who would leave behind an unmarried cohabiting partner (of either opposite or same sex) upon death. Whilst you are not compelled to nominate your partner, completion of this form would help clarify your personal circumstances following your death. If you are married or in a civil partnership you can disregard this form.

Any lump sum death grant payable in the event of your death is at the absolute discretion of your Fire & Rescue Authority (FRA) and is NOT covered by this form. YOU SHOULD COMPLETE A "LUMP SUM DEATH GRANT EXPRESSION OF WISH" form to assist your FRA in distributing this grant in accordance with your wishes.

Explanatory Notes

Benefits payable from FPS 2006, on the death of a firefighter, include a pension for their surviving partner if, at the date of the member's death, that partner is:

- the spouse or civil partner of the member; or
- the cohabiting partner of the member, provided they are:
 - not married or in a civil partnership with that member or any other person,
 - registered with the scheme administrator as the member's nominated partner,
 - financially dependent on the scheme member, or is, with the scheme member, in a state of mutual financial dependency,
 - in a long-term relationship with the scheme member

Where 'long-term' relationship means a relationship that has continued for a period of at least 2 years ending with the date on which the question of the person's status in relation to the member falls to be considered, or such shorter period as the Fire & Rescue Authority may in any particular case think fit. Your partner is financially dependent on you if you have the highest income. A state of mutual financial dependency means that you rely on your joint finances to support your standard of living; it doesn't mean 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.

You and your cohabiting partner should be aware that on your death, your partner will have to verify that the conditions for paying a survivor's pension have been satisfied. For example, they may be asked 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. You may wish to consider keeping proof of financial dependence/mutual financial dependency with other important documents for easy reference should the need arise.

Remember to let the Pensions Unit know of a change in your circumstance which could affect your declaration. This nomination form ceases to have effect if:

- either you or your nominated cohabiting partner gives written notice to cancel this declaration, or
- you make a subsequent valid declaration in favour of a new cohabiting partner, or
- either you or your 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
- your cohabiting partner dies before you.

Further information can be obtained from XPS Administration, PO Box 485, Middlesbrough, TS1 9EE Tel: 01642 030692, or Email: penmail@xpsgroup.com, or visit the website www.myownpension.co.uk

FIREFIGHTERS' PENSION SCHEME 2006

Please read the explanatory notes before completing this form. Please complete in block capitals.

Your Details

Fire & Rescue Authority	<input type="text"/>	Payroll Number	<input type="text"/>
Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Title	<input type="text"/>	Date of Birth	<input type="text"/>
NI Number	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email Address	<input type="text"/>	Telephone Number	<input type="text"/>

Your Partner's Details

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Title	<input type="text"/>	NI Number	<input type="text"/>
		Date of Birth	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Declaration

We confirm that all of the following apply:

- We are free to marry each other or enter into a civil partnership with each other; and
- We live together as if we were husband and wife or registered civil partners; and
- Our financial affairs are interdependent (or the partner is financially dependent upon the scheme member).

Signed: (Scheme Member)	<input type="text"/>	Date	<input type="text"/>
Nominated Partner's Signature	<input type="text"/>	Date	<input type="text"/>