

**ABERDEEN CITY COUNCIL PENSION FUND**  
**Local Government Pension Scheme Regulations 2008**

**NOMINATION OF COHABITING PARTNER FOR SURVIVOR'S PENSION – NOTES**

Benefits payable on the death of a member of the Local Government Pension Scheme (LGPS) include pensions for children, for a surviving spouse or registered civil partner\* and, provided the scheme member paid into the LGPS on or after 1 April 2008, for a nominated co-habiting partner. You can nominate a co-habiting partner, of either the opposite or the same sex, by completing the nomination form and returning it to the address shown on the form. **Completing and returning a form is important as we cannot pay a pension to a co-habiting partner if we do not have a valid nomination form.**

However, to be able to make a valid nomination, all of the following conditions must have applied to both you and your nominated co-habiting partner for a continuous period of at least 2 years on the date you both sign the nomination form:

- both you and your nominated co-habiting partner are, and have been, free to marry each other or enter into a civil partnership with each other, **and**
- you have been living together as if you were husband and wife, or civil partners, **and**
- neither you or your partner have been living with someone else as if you/they were husband and wife or civil partners, **and**
- either your partner is financially dependent on you or you are financially interdependent on each other.

Your partner is financially dependent on you if you have the higher income. Financially interdependent means that you rely on your joint finances to support your standard of living. It doesn't mean that 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 other household expenses such as shopping and clothing.

On your death, a survivor's pension would be paid to your nominated co-habiting partner if:

- the nomination was still in effect at the date of your death\*\*, and
- your nominated cohabiting partner satisfies us that the above conditions had also been met for a continuous period of at least 2 years immediately prior to your death.

You and your nominated co-habiting partner should be aware that on your death we will have to verify that the conditions for paying a survivor's pension have been satisfied. We may do this by, for example, asking 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. There would be a right of appeal if we decide not to pay a pension and your partner believes that he/she has entitlement.

If you are married or are in a registered civil partnership you do not need to complete a survivor's pension nomination form for your husband, wife or registered civil partner – they are automatically covered for a survivor benefit in the event of your death.

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

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\* A civil partnership is a relationship between two people of the same sex ("civil partners") which is formed when they legally register as civil partners of each other.

\*\* A nomination ceases to have effect if-

- (a) either you or your nominated partner gives us written notice to cancel the nomination, or
- (b) you make a subsequent valid nomination in favour of a new co-habiting partner, or
- (c) either you or your nominated 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
- (d) your nominated partner dies before you.

**ABERDEEN CITY COUNCIL PENSION FUND  
Local Government Pension Scheme Regulations 2009**

**NOMINATION OF CO-HABITING PARTNER FOR SURVIVOR'S PENSION**

**YOUR DETAILS**

Full Name  
(Mr/Mrs/Miss/Ms):

Home Address:

Date of Birth:  Daytime Telephone  
Number:

Employer:  National Insurance  
Number:

**NOMINATED PARTNER'S DETAILS**

Full Name  
(Mr/Mrs/Miss/Ms):

Home Address:

Date of Birth:  Daytime Telephone  
Number:

**DECLARATION**

**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).

Your Signature:

Name (Block Capitals):  Date:

Nominated Partner's  
Signature:

Name (Block Capitals):  Date:

**Please note: on your death, we will need to be satisfied that your relationship met the qualifying conditions for the payment of a co-habiting partner's pension.**

Now forward completed form, duly signed, to:  
**Aberdeen City Council Pension Fund, Pensions Section, AECC – 2<sup>nd</sup> Floor, Balgownie One,  
Conference Way, Bridge of Don, Aberdeen, AB23 8AQ**