

## TO BE SUBMITTED WITH APPLICATION FOR DEATH BENEFITS

Scottish Public Pensions Agency  
7 Tweedside Park  
Tweedbank  
Galashiels  
TD1 3TE

### NATIONAL HEALTH SERVICE SUPERANNUATION SCHEME (SCOTLAND) REGULATIONS

#### NOTIFICATION OF PAYMENT OF WIDOW'S/WIDOWER'S/CIVIL PARTNERS/NON LEGAL PARTNER INITIAL PENSION OR LIMITED PENSION

Superannuation Number 

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Surname

Forename (s)

Last Place of Employment:

A widow's/widower's/civil partners/non legal partner initial pension or limited pension is being paid to:

Surname

Forename (s)

Address

For the period 



 to

At the rate of £ \_\_\_\_\_ per week/month

Total amount payable for:      6 months £ \_\_\_\_\_      26 weeks £ \_\_\_\_\_

Application forms and copies of relevant certificates are enclosed to enable payment of lump sum on death and other benefits to be considered.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Employing Authority Stamp

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