

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

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Forename (s)

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Last Place of Employment:

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

Surname

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Forename (s)

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Address

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For the period

	to	
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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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