

Scottish Teachers' Superannuation Scheme

NOMINATION OF FINANCIALLY DEPENDANT RELATIVE
(NOT A PARTNER)

1. Personal Details

Superannuation No.	
Surname	
Former Surname	
First Name(s)	
Title	
Date of Birth	
NI Number	

Contact Address	
Telephone Number	
E-Mail Address	

2. Nomination Details

Please indicate who you wish to nominate

a parent a brother/sister a widowed step parent

Dependant's details

Surname	
Former Surname	
First Name(s)	
Title	
Date of Birth	
NI Number	

Contact Address	
Telephone Number	
E-Mail Address	

Please give reason for dependency

Does the dependant live with you? (tick box)

Yes No

If Yes, please state the annual value of your contribution to the dependant or provide details of your support
(continue on a separate sheet if necessary)

If No, please state the annual value of your contribution to the dependant

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Please provide full details of the gross annual income and sources of all income (excluding your own contribution) of the dependant and indicate whether it is taxable or non-taxable.

Taxable

Non-Taxable

3. Declaration

All the information I have given on this form is true to the best of my knowledge and belief.

Signed

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Date

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