

Scottish Teachers Pension Schemes

APPLICATION FOR RE-INSTatement OF WIDOW/ERS PENSION

When this form has been completed by the Applicant it should be attested by a duly qualified person and returned to the Scottish Public Pensions Agency

COMPLETION OF THIS FORM DOES NOT GUARANTEE ENTITLEMENT TO BENEFITS
THIS WILL BE CHECKED UPON RECEIPT

SECTION 1 - DECEASED MEMBER'S PERSONAL DETAILS

Scheme reference number

Surname

Forename(s)

Title Dr Mr Mrs Miss Ms Other

National Insurance number

Date of birth / /

Date of death / /

SECTION 2 - APPLICANTS DETAILS

Surname

Forename(s)

Title Dr Mr Mrs Miss Ms Other

National Insurance number

Date of birth / /

Contact address	<input type="text"/>	
	<input type="text"/>	
	Post code	<input type="text"/>
Telephone number	<input type="text"/>	
Mobile number	<input type="text"/>	
Email address	<input type="text"/>	
Date of marriage to deceased	<input type="text"/>	<input type="text"/>
Date of marriage/cohabiting to present spouse/cohabitee	<input type="text"/>	<input type="text"/>
No. of dependents in household	<input type="text"/>	

SECTION 3 - STATEMENT OF JOINT HUSBAND/WIFE INCOME

Please detail the total monthly income

	(a) Before marriage/cohabitation	(b) After marriage/cohabitation
Wages	£ <input type="text"/>	£ <input type="text"/>
Pension	£ <input type="text"/>	£ <input type="text"/>
DSS Benefits	£ <input type="text"/>	£ <input type="text"/>
Please state details of "other income" entries. (please include additional sheet if required)		
	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>

SECTION 4 - DECLARATION

I declare that I am the widow/er and I apply for the reinstatement of a widow/er's pension under the Teachers Superannuation (Scotland) Regulations 2005. The statements made by me on this form are true to the best of my knowledge and belief.

Signed

Date

 / /

SECTION 5 - WITNESS DECLARATION

To be signed by a responsible person who knows the applicant although is not related. I declare that the above name signed this form in my presence today.

Witness full name

Signed

Date

 / /

Address

Post code

Occupation

Please complete and return to: Scottish Public Pensions Agency,
7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE