

## NHS Superannuation Scheme (Scotland) APPLICATION FOR AWARD OF DEPENDENTS ALLOWANCE

This form should be completed by the surviving parent/guardian of any child/children under 16 years of age or a dependant if over the age of 16

Section 1 - DECEASED ME	IMBER'S 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 – DETAILS OF P.	ARENT OR GUARDIAN
Section 2 – DETAILS OF Pa	ARENT OR GUARDIAN
	ARENT OR GUARDIAN
Surname	ARENT OR GUARDIAN  Dr Mr Mrs Miss Ms Other
Surname Forename(s)	
Surname Forename(s) Title	
Surname Forename(s) Title National Insurance number	Dr Mr Mrs Miss Ms Other
Surname Forename(s) Title National Insurance number Date of birth	Dr Mr Mrs Miss Ms Other
Surname Forename(s) Title National Insurance number Date of birth	Dr Mr Mrs Miss Ms Other
Surname Forename(s) Title National Insurance number Date of birth	Dr Mr Mrs Miss Ms Other





National Insurance Number (if applicable)  Post Code
Post Code
Post Code
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Post Code IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
f aged over 16, see note at foot of section 4)
Guardian Dependant
Post Code

SE	CTION 4 – DECLARATION- TICK ALL THAT ARE APPLICABLE	
(mu	ust be signed by the dependant if aged over 16, see note at foot of this section)	
and	I declare that I am the *dependant/parent/guardian of the child overleaf d apply for benefits under the NHS Superannuation Scheme (Scotland) gulations (* Delete as appropriate)	
me	I declare that although the child overleaf is aged over 16, they have a edical condition that precludes them from *holding a bank account or gning the declaration (* Delete as appropriate)	
,	I declare that the child named overleaf suffers from permanent ill health and permanently incapable of earning a living	
,	I declare any child's allowance paid to me shall be applied to the benefit of d child	
мy	I declare that the statements made by me on this form are true to the best of knowledge and belief and confirm that any dependants allowance should paid into the bank account overleaf	
Sig	gned	
Dat	te / / / /	
No	ites	
	<ul> <li>Bank Details - If the dependent is over 16 but has a medical condition that inhibit their ability to hold a bank account, a parent/guardian's bank account can be a Declaration - If the dependent is over 16 but has a medical condition that inhibit their ability to sign the declaration, a parent/guardian can sign the declaration</li> </ul>	used. oits

If any of the above apply, ensure declaration 2 above is ticked

Surname	Forenames (in full)
Date of Birth	National Insurance Number (if applicable
1 1	
Contact Address	
	Post Code
Bank Details (must be the depe	endant's own account if aged over 16, see note at foot of section 4)
Bank Details of:	Parent Guardian Dependant
Name of account holder	
Name of Bank/Building	
Name of Bank/Building Society	
Society	
Society Branch	
Society Branch	
Society Branch	Post Code
Society Branch	Post Code
Society Branch Branch Address Bank Sort Code	Post Code
Society Branch Branch Address	Post Code

1) I declare th and apply for	by the dependant if aged over 16, see note at foot of this section)  at I am the *dependant/parent/guardian of the child overleaf benefits under the NHS Superannuation Scheme (Scotland)	
Regulations (	* Delete as appropriate)	
medical condi	at although the child overleaf is aged over 16, they have a tion that precludes them from *holding a bank account or declaration (* Delete as appropriate)	
,	at the child named overleaf suffers from permanent ill health and y incapable of earning a living	
4) I declare an said child	ny child's allowance paid to me shall be applied to the benefit of	
my knowledge	at the statements made by me on this form are true to the best of e and belief and confirm that any dependants allowance should ne bank account overleaf	
Signed		
Date		
Notes		
their at • Declara	Details- If the dependent is over 16 but has a medical condition that in polity to hold a bank account, a parent/guardian's bank account can be ation- If the dependent is over 16 but has a medical condition that in polity to sign the declaration, a parent/guardian can sign the declaration.	oe used hibits

If any of the above apply, ensure declaration 2 above is ticked

Surname		Foren	ames	(in fu	II)				
Camanic	Forenames (in full)								
Date of Birth		Natio	nal Ins	uranc	e Nu	ımbe	er (if a <sub>l</sub>	oplicab	le)
/ / /									
Contact Address									
							l	I	
		Post Cod	е						
Bank Details (must be the deper	ndant's own accou	nt if aged ove	r 16, se	e note	at foo	ot of s	ectio	า 4)	
Bank Details of:	Parent	Gu	ardian			De	pend	dant	
Name of account holder									
Name of Bank/Building									
Society									
Name of Bank/Building Society Branch Branch Address									
Society Branch									
Society Branch									
Society Branch		Post Cod	e						
Society Branch		Post Cod	e						
Society Branch Branch Address		Post Cod	e						

and apply for b	at I am the *dependant/parent/guardian of the child overleaf benefits under the NHS Superannuation Scheme (Scotland)  Delete as appropriate)	
medical condit	at although the child overleaf is aged over 16, they have a ion that precludes them from *holding a bank account or eclaration (* Delete as appropriate)	
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my knowledge	at the statements made by me on this form are true to the best of and belief and confirm that any dependants allowance should be bank account overleaf	
Signed		
Date		

If any of the above apply, ensure declaration 2 above is ticked

Surname		Foronar	nos (in fi	ш				
Surrame		Forenai	nes (in fu	III <i>)</i>				
Date of Birth		Nationa	I Insuran	ce Nu	ımbe	r (if ap	oplicab	le)
1 1						` '		
Contact Address								
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		Post Code						
Bank Details (must be the depe	endant's own accou	nt if aged over 1	6, see note	e at foc	ot of s	ectior	า 4)	
Bank Details of:	Parent	Guard	dian		De	pend	dant	
Name of account holder								
Name of Bank/Building								
Name of Bank/Building Society								
Name of Bank/Building Society Branch Branch Address								
Name of Bank/Building Society Branch								
Name of Bank/Building Society Branch								
Name of Bank/Building Society Branch		Post Code						
Name of Bank/Building Society Branch Branch Address		Post Code						
Name of Bank/Building Society Branch Branch Address  Bank Sort Code		Post Code						
Name of Bank/Building Society Branch		Post Code						

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Signed		
Date		
Notes		

## Please include any further dependents details on a separate sheet and attach to this application

Please return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE Alternatively email a copy to <a href="mailto:bereavementsteam@gov.scot">bereavementsteam@gov.scot</a>

## **SPPA Privacy Policy**

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