**LUMP SUM ON DEATH NOMINATION**

**Information notes – please detach and retain**

If you are a member of the National Health Service Pension Scheme (Scotland) (NHSSS(S)) on or after 1 April 2008, or the Scottish Teachers’ Superannuation Scheme (STSS), the regulations provide benefits on death.

In the event of your death, benefits will automatically (on application) be paid to your:

* spouse or
* civil partner or
* surviving partner.(if eligible)

However, if you do not wish any of the above to receive death benefits, you also have the option to make a specific nomination.

NHS members can request that a nomination be made to either:

1. an individual or individuals, or
2. a personal representative, or
3. a corporate or unincorporated body.

However, you cannot have a combination of the above.

STSS members can only request that a nomination be made to an individual or individuals.

If you have no spouse/civil partner/surviving partner when you die and you have not made a nomination, the lump sum will be paid to your legal personal representative and will form part of your estate.

If you have nominated two or more individuals to receive the lump sum, you should specify the exact proportion that each individual is to receive. This should be expressed as a whole percentage and must total 100%.

If your nominee dies, the designated proportion of the lump sum that is due to them will be paid to your personal representative. It is therefore, in your interest to ensure that you submit a fresh nomination form when there are any changes.

You should ensure that we are advised of any change in your nominee’s contact details and it is your responsibility to ensure that all nominees are aware of the terms of the nomination.

Nominations can be revoked at any time and if you wish to revoke or change your nomination, please notify us. This will supersede any previous nominations made.

If you are currently a member of both NHS and STSS, please complete two separate forms.

We will acknowledge receipt of your application using the email address supplied. We will not under any circumstances supply this to another party.

**Personal checklist**

You should note on this checklist the date that you forwarded your application to SPPA.

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| Reference no: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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If any of the details change, please advise us immediately.

You can contact us at [bereavementsteam@gov.scot](mailto:bereavementsteam@gov.scot) or post the information to the Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

**LUMP SUM ON DEATH NOMINATION**

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| Date of birth (e.g. 15/04/1943) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2. NOMINATION DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I nominate the following individual(s) to receive, in the proportion shown, the lump sum which may be payable under scheme regulations: **Please tick the relevant box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This must total 100% and be expressed as whole numbers e.g. (45% + 55% = 100%)  If you have more than six nominated individuals, please attach an additional sheet detailing the relevant information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Member’s signature Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 3 – WITNESS DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A witness cannot be a relative or nominee and must be present at the time of member’s signing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Witness name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | |
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| Witness signature | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | Date | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | |
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| Please return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE  Alternatively email a copy to [bereavementsteam@gov.scot](mailto:bereavementsteam@gov.scot) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |