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| **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 AgencyCOMPLETION OF THIS FORM DOES NOT GUARANTEE ENTITLEMENT TO BENEFITS THIS WILL BE CHECKED UPON RECEIPT |
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|  | **SECTION 1 - DECEASED MEMBER’S PERSONAL DETAILS** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Scheme reference number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | National Insurance number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date of death |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 2 - APPLICANTS DETAILS** |  |
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|  | Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Title | Dr |  | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |  |
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|  | Contact address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Email address |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of marriage to deceased |  |  | / |  |  | / |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of marriage/cohabiting to present spouse/cohabitee |  |  | / |  |  | / |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | No. of dependents in household |  |  |
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|  | **SECTION 3 - STATEMENT OF JOINT HUSBAND/WIFE INCOME** |  |
|  | Please detail the total monthly income  |  |
|  |  | (a) Before marriage/cohabitation | (b) After marriage/cohabitation |  |
|  | Wages | £ | £ |  |
|  | Pension | £ | £ |  |
|  | DSS Benefits | £ | £ |  |
|  |  |
|  | Please state details of “other income” entries. (please include additional sheet if required) |
|  |  | £ | £ |  |
|  |  | £ | £ |  |
|  |  | £ | £ |  |
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|  | **Total** | £ | £ |  |
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|  | **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.  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Occupation |  |  |
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|  | Please return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TEAlternatively email a copy to bereavementsteam@gov.scot |  |
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