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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **SECTION 1 - DECEASED MEMBER’S PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **SECTION 2 - APPLICANTS DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Date of marriage to deceased | | | | | | | | | | | | | |  | |  | | | / | | |  | | |  | | | | / | | | |  | |  | | | |  | | |  | |  |
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|  | 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 | £ | | | | | | | | £ | | | | | | | | | |  |
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|  | Please state details of “other income” entries. (please include additional sheet if required) | | | | | | | | | | | | | | | | | | | |
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|  | **SECTION 4 - DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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