

**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

Post code										

Telephone number

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Mobile number

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Email address

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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	£	£

Please state details of "other income" entries. (please include additional sheet if required)

£	£
£	£
£	£

**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.

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 return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE  
Alternatively email a copy to [bereavementteam@gov.scot](mailto:bereavementteam@gov.scot)