**Teacher Pension Schemes Scotland**

 **NOMINATION OF FINANCIALLY DEPENDANT RELATIVE  (NOT A PARTNER)**

|  |
| --- |
| **Section 1 – Personal Details** |
| Superannuation number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname | Contact address |
|  |  |  |  |
| Former surname (s) (if applicable) |  |  |
|  |  |  |
| Forenames (in full) |  |  |
|  |  | Post code |  |  |  |  |  |  |  |  |
| Title |  | Home telephone number (incl STD code) |
| Dr |  | Mr |  | **Mrs** |  | Miss |  | Ms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth (e.g.15/04/1963) |  | Mobile telephone number |
|  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Insurance number |  | Personal email address |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 2 - Nomination Details** |  |  |
| Please indicate who you wish to nominate: |  |  |
| A parent |  |  |
|  |  |  |
| A brother/sister |  |  |
|  |  |  |
| A widowed step parent  |  |  |

|  |
| --- |
| **Dependant’s Details** |
|  |
| Surname | Contact address |
|  |  |  |  |
| Former surname (s) (if applicable) |  |  |
|  |  |  |
| Forenames (in full) |  |  |
|  |  | Post code |  |  |  |  |  |  |  |  |
| Title |  | Home telephone number (incl STD code) |
| Dr |  | Mr |  | **Mrs** |  | Miss |  | Ms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth (e.g.15/04/1963) |  | Mobile telephone number |
|  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Insurance number |  | Personal email address |  |
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| --- | --- | --- |
| Please give reason for dependency |  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Does the dependant live with you? (tick box) |  |  |
| Yes |  |  |
|  |  |  |
| No |  |  |

|  |  |
| --- | --- |
| If Yes, please state the annual value of your contribution to the dependant or provide details of your support (continue on a separate sheet if necessary) |  |
|  |  |

|  |  |
| --- | --- |
| If No, please state the annual value of your contribution to the dependant |  |
|  |  |

Please provide full details of the gross annual income and sources of all income (excluding your own contribution) of the dependant and indicate whether it is taxable or non-taxable.

|  |  |
| --- | --- |
| Taxable |  |
|  |  |

|  |  |
| --- | --- |
| Non-Taxable |  |
|  |  |

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| **3. DECLARATION** |
| All the information I have given on this form is true to the best of my knowledge and belief. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Signed** |  | **Date** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |