

**Teacher Pension Schemes Scotland
NOMINATION OF FINANCIALLY DEPENDANT RELATIVE (NOT A PARTNER)****Section 1 – Personal Details**

Superannuation number

--	--	--	--	--	--	--	--

Surname

Former surname (s) (if applicable)

Forenames (in full)

Title

Dr Mr Mrs Miss Ms

Other (please specify)

Date of birth (e.g.15/04/1963)

		/			/				
--	--	---	--	--	---	--	--	--	--

National Insurance number

--	--	--	--	--	--	--	--	--	--

Contact address

Post code

--	--	--	--	--	--	--	--

Home telephone number (incl STD code)

--	--	--	--	--	--	--	--	--	--	--	--

Mobile telephone number

--	--	--	--	--	--	--	--	--	--	--	--

Personal email address

Section 2 - Nomination Details

Please indicate who you wish to nominate:

A parent

A brother/sister

A widowed step parent

Dependant's Details

Surname

Former surname (s) (if applicable)

Forenames (in full)

Title

Dr Mr Mrs Miss Ms

Other (please specify)

Date of birth (e.g.15/04/1963)

 / /

National Insurance number

Contact address

Post code

Home telephone number (incl STD code)

Mobile telephone number

Personal email address

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

3. DECLARATION

All the information I have given on this form is true to the best of my knowledge and belief.

Signed

Date