

Teachers' Pension Schemes Scotland

Death benefits application

Completion of this form does not guarantee entitlement to benefits.

Guidance for completing form Teachers DTH APP – application for death benefits

Section 1: Deceased member's personal details

Personal details of the deceased member.

Section 2: Applicant's personal details

Details of the person to whom the death gratuity, deficiency payment or surviving partner's pension is payable. This will be paid directly to your bank or building society account. Please ensure your full details are entered.

A death grant is payable to the member's spouse, civil partner, death grant nominee, surviving eligible partner, or nominated dependant relative. If none of the above apply, and the member has not made a death grant nomination, the death grant is payable to the estate.

Under the Teachers' Regulations, benefits may be payable to a surviving partner upon the members death. To be eligible, the member must have accrued service post 1 April 2007. The benefits will be paid to the surviving partner, provided that at the date of death the member and partner were:

- Living together in an exclusive committed long term relationship of at least 2 years
- Free to marry or enter a civil partnership
- Financially interdependent

To ensure that the SPPA is satisfied that the above criteria is met at the time of the member's death the partner will be asked to provide supporting evidence. Examples of supporting evidence may include:

- Confirmation that you lived in a shared household
- Confirmation of shared household spending
- Shared bank accounts or investments
- A loan or mortgage in joint names
- Wills naming each other as the main beneficiary
- A mutual power of attorney
- The partner being nominated as the main beneficiary of life insurance
- The death of the member leading to substantive extra living costs for the partner

If the SPPA holds details of a nominated dependant relative, such as a parent, brother, sister or step parent to receive a survivor pension, the relative must be financially dependant on the member at the date of death. The SPPA will write to the nominee for confirmation of his or her financial circumstances.

If the applicant is the "Legal Personal Representative", Confirmation of Estate must be exhibited as soon as possible to enable us to pay the death grant.

Section 3: Declaration

This should be signed in all cases. If the person signing is doing so on behalf of the spouse or civil partner, please provide a copy of the Power of Attorney. If the amount payable exceeds £5,000, the SPPA may request Confirmation of Estate.

Section 4: Details of dependent children

If there are any dependent children aged 17 years or over (in full time education or training) for whom you wish to claim a pension, please provide:

- The name and address of the educational establishment attended
- The expected date of termination of the education or training
- The annual rate of any income received by the child.

If there any dependent children aged 17 years or over, who are incapable through infirmity of earning their own living and for whom you wish to claim pension, please provide a medical certificate confirming:

- The nature of the incapacity
- The date from which the child became incapacitated – and whether the incapacity is temporary or permanent.

If applicable, please provide details of the legal guardian(s) of the child(ren) in Section 5.

Section 5: Guardian's details

Please give details of the guardian(s) of the child(ren) and provide proof of guardianship, such as a Court of Protection Order. If either the short-term or long-term pension is to be paid to the guardian(s), please provide bank details. This will allow the SPPA to make payment direct to the specified account.

Section 6: Certificates

Copies of the following certificates (where applicable) should be included, please note that benefits may not be paid until all appropriate certificates have been received:

- Death certificate showing marital status (certified copy) – **this is required in all cases**
- Marriage certificate if the deceased member was married when they died
- Birth certificate of applicant
- Civil registration certificate if the deceased member had a registered civil partnership when they died
- Child(ren)'s birth certificates if the deceased member had any children (see Section 6)
- Adoption certificate if eligible children were adopted
- Power of Attorney (certified) if the person signing the declaration is not legally entitled to receive family benefits and is signing on behalf of the spouse or civil partner.

Lifetime Allowance (LTA)

All death grants and supplementary death grants are subject to LTA checks to ensure that the amount due is within the limits set by Her Majesty's Revenue and Customs (HMRC).

The executor of the estate needs to check whether the total benefits payable are within the Lifetime Allowance. If the LTA is exceeded, a LTA charge will become payable. It is the executor's responsibility to inform HMRC where the total benefits exceed the lifetime allowance and to pay any tax due. Any enquiries you have regarding this should be directed to HMRC.

At the time the death grant is calculated, the SPPA will provide the percentage of the LTA this payment represents. Payment of this death lump sum must be made within two years of the date of death. It is important that we are provided with all the information required as soon as possible.

Contact us

Please return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE
Alternatively email a copy to teachersbereavement@gov.scot

Section 1 – deceased member's personal details

Scheme reference number

Surname

Forename(s)

Title

Dr ☐Mr ☐Mrs ☐Miss ☐Ms ☐Other ☐National Insurance
numberMarital status (for
example. single, married,
widowed, divorced, civil
partner, partner)Date of marriage/civil
registration (if applicable)
(DD/MM/YYYY) / / Date of birth
(DD/MM/YYYY) / / Date of death
(DD/MM/YYYY) / / **Section 2 – applicant details**

Surname

Forename(s)

Title

Dr ☐Mr ☐Mrs ☐Miss ☐Ms ☐Other ☐

National Insurance number

Date of birth
(DD/MM/YYYY) / /

Contact address

Post code

Telephone number

Mobile number

Email address

Bank details

Name of account holder

Name of Bank/ Building
Society

Branch

Branch Address

Post code

Bank Sort Code

Account Number

Building Society Roll
Number

Please state in which capacity you are completing this application

Spouse

☐

Legal spouse of the deceased and was not divorced from the deceased at date of death

Civil Partner

☐

Legal civil partner of the deceased and civil partnership was not dissolved at date of death

Nominated dependant relative

☐

Legal personal representative

☐

Executor of the Estate

☐

Surviving partner

☐

Nominee

☐**Section 3 – declaration**

I declare that the statements made by me on this form are true to the best of my knowledge. I have enclosed the relevant certificates (where applicable)

Signed

Print name

Date

 / /

The SPPA is under a duty to protect the public funds it administers, and to this end will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Section 4 – details of dependent children

Please enclose copies of birth certificates and, if appropriate, adoption certificate(s), for all dependent children listed below. Space is provided on the form for the details of up to four children. In instances where there are more than four children please provide details on a separate sheet.

Children entitled to pension must be wholly or mainly dependent on the deceased member and:

i. be one of the following:

- child of the member's marriage
- an adopted child
- a child accepted as a part of the member's family

ii. be one of the following:

- under the age of 17
- if 17 or over, in full-time education or attendance at a full time training course of not less than two years for a trade, profession or calling and not in receipt of a disqualifying income

iii. can also be:

- if 17 or over, was at the time of the member's death and has at all times since, been incapable because of ill-health or infirmity of mind or body of earning his/her own living.

If the member was not receiving a pension from us before 6 April 2006 any child's pension due must cease by their 23rd birthday, even if the child remains in education beyond this date.

From age 16, dependent children are entitled to have their dependants pension paid into their own bank account.

Type of child dependent

A Are there any dependent children under 17 for whom you wish to claim pension?

Yes ☐ No ☐

B Are there any dependent children aged 17 years of over, in full-time education or training for whom you wish to claim a pension?

Yes ☐ No ☐

(If **yes**, please provide written confirmation of the course attended from the education authority giving; the start date and the expected termination date of the education)

C Are there any dependent children aged 17 years or over, who are incapable through infirmity of earning their own living and for whom you wish to claim a pension? (If **yes**, please enclose medical certificates confirming; the nature of the incapacity, the date from which the child became incapacitated and whether the incapacity is temporary or permanent).

Yes ☐ No ☐

Child 1 - full name

Type of dependent (A,B,C)

Date of birth (DD/MM/YYYY)

National Insurance number

 / /

Contact address

Post code

Email address

Name of bank or building
society

Bank Sort Code

Account Number

If aged 16 or over benefits can be paid into the child's bank account. We require the child's signature as confirmation they consent to have any benefits paid to the above bank details.

Signature

Child 2 - full name

Type of dependent (A,B,C)

Date of birth (DD/MM/YYYY)

National Insurance number

 / /

Contact address

Post code

Email address

Name of bank or building society

Bank Sort Code

Account Number

If aged 16 or over benefits can be paid into the child's bank account. We require the child's signature as confirmation they consent to have any benefits paid to the above bank details

Signature

Child 3 - full name

Type of dependent (A,B,C)

Date of birth (DD/MM/YYYY)

National Insurance number

 / /

Contact address

Post code

Email address

Name of bank or building
society

Bank Sort Code

Account Number

If aged 16 or over benefits can be paid into the child's bank account. We require the child's signature as confirmation they consent to have any benefits paid to the above bank details

Signature

Child 4 - full name

Type of dependent (A,B,C)

Date of birth (DD/MM/YYYY)

National Insurance number

 / /

Contact address

Post code

Email address

Name of bank or building
society

Bank Sort Code

Account Number

If aged 16 or over benefits can be paid into the child's bank account. We require the child's signature as confirmation they consent to have any benefits paid to the above bank details

Signature

Section 5 - Guardians details

Full Name

Date of birth (DD/MM/YYYY)

 / /

National Insurance number

Contact address

Post code

Email address

Name of bank or building
society

Bank Sort Code

Account Number

I declare that I am the parent or guardian or am otherwise responsible for any child(ren) at Section 5 above and that any child(ren)'s pension(s) paid to me shall be used for the benefit of the said child(ren).

Signature

Date

 / /

Section 6 – other documents

Documents included with application (if you are posting, please do not send the original copy). Please tick:

Certified copy of Death Certificate

☐

Adoption Certificate

☐

Applicant's Birth Certificate

☐

Divorce Decree

☐

Marriage Certificate

☐

Dissolution Certificate

☐

Civil Registration Certificate

☐

Certified Power of Attorney

☐

Child(ren)'s Birth Certificate (s)

☐

Confirmation of Estate

☐