

# SURVIVOR'S PENSION FOR AN ELIGIBLE COHABITING PARTNER – NOMINATION FORM

(RBKC 2021.V1)

Benefits payable on the death of a member of the Local Government Pension Scheme (LGPS) include pensions for children, a surviving spouse or registered civil partner<sup>1</sup> and, provided you are a member of the LGPS on or after 1 April 2008, and subject to certain qualifying conditions, an eligible cohabiting partner. This form can be used to nominate a co-habiting partner for a survivor's pension.

## **I have a cohabiting partner. Would they receive a pension from the LGPS if I die?**

If you are survived by a cohabiting partner, your partner would be eligible to receive a survivor's pension if, at the date of your death, all of the following conditions have applied to both you and your cohabiting partner for a continuous period of at least 2 years:

- both you and your cohabiting partner have been free to marry each other or enter into a civil partnership with each other **and**,
- you and your cohabiting partner have been living together as if you were a married couple or civil partners, **and**
- neither you nor your cohabiting partner have been living with someone else as if you/they were a married couple or civil partners, **and**
- either your cohabiting partner is financially dependent on you, or you are financially interdependent on each other.

Your partner is normally financially dependent on you if you have the highest income. Financially interdependent means that you rely on your joint finances to support your standard of living. It doesn't mean that you need to be contributing equally. For example, if your partner's income is a lot more than yours, he or she may pay the mortgage and most of the utility bills, and you may pay for the other household expenses such as shopping and clothing.

## **Will my cohabiting partner have to prove that they are entitled to receive a survivor's pension?**

On your death, a survivor's pension would be paid to your cohabiting partner if your partner satisfies us that the above conditions had been met for at least 2 years immediately prior to your death.

You and your cohabiting partner should be aware that, on your death, we will have to verify that the conditions for the payment of a partner's pension have been satisfied. For example, we may do this by asking for confirmation that you lived in a shared household with shared household spending, or that you had a bank account or mortgage in joint names.

There would be a right of appeal if we decide not to pay a pension and your partner believes that he/she is entitled.

## **Do I need to nominate my cohabiting partner?**

You are not required to nominate your cohabiting partner to receive a pension in the event of your death but **making a nomination would help us to establish eligibility for the payment of a survivor's pension in the event of your death.**

You can nominate a cohabiting partner, of either the opposite sex or the same sex by completing the nomination form overleaf and returning it to the address shown on the form.

## **What if my circumstances change?**

If you have completed a form to nominate a cohabiting partner to receive a survivor's pension you should let the RBKC Pensions Team know of a change in your circumstances which could affect the nomination, or if you wish to cancel it.

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<sup>1</sup> A civil partnership is a relationship between two people of the same sex ("civil partners") which is formed when they legally register as civil partners of each other.

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**PLEASE READ THE ACCOMPANYING NOTES CAREFULLY BEFORE COMPLETING THIS FORM**  
You should not complete this form if you are married or in a civil partnership.

### YOUR DETAILS

Surname

Forename(s)

NI Number

Employer

Date of birth DD MM YYYY

Home Address

### YOUR COHABITING PARTNER'S DETAILS

Surname

Forename(s)

NI Number

Employer

Date of birth DD MM YYYY

Home address

### YOUR DECLARATION

I nominate my cohabiting partner to receive a survivor's pension under the LGPS.

Your signature:

Date: DD MM YYYY

### JOINT DECLARATION BY YOU AND YOUR COHABITING PARTNER

We confirm that for a continuous period of at least 2 years prior to the date of this declaration each of the following has been applicable:

- we have been free to marry each other or enter into a civil partnership with each other **and**
- we have lived together as if we were a married couple or registered civil partners **and**
- neither of us have been living with someone else as if we were a married couple or civil partners **and**
- our financial affairs have been dependent or interdependent on each other.

Your signature:

Date DD MM YYYY

Partner's signature:

Date DD MM YYYY

On your death, we will need to be satisfied that your relationship met the qualifying conditions for the payment of a cohabiting partner's pension. This is not the form to name a beneficiary/ies to receive any lump sum death grant that may become payable – an 'Expression of Wish' form for this purpose can be found on the RBKC pension fund website at: <https://www.rbkcpensionfund.org/kensington-and-chelsea-pension-fund/about-us/forms-and-publications/>

Please send this completed form to the RBKC Pensions Team:

By email: [pensions@rbkc.gov.uk](mailto:pensions@rbkc.gov.uk), or post to: RBKC Pensions Team, 3<sup>rd</sup> Floor Green Zone, The Town Hall, Hornton Street, London, W8 7NX. Phone: 020 7361 2323.