



This is a POSTAL ONLY form. If you'd like to complete this form online, you can do so via our website by searching 'member forms'.

Partner details form

Please provide details of your partner and your relationship to help us consider their eligibility for a partner's pension in the event of your death.

Please complete this form in **black ink** and in **BLOCK CAPITALS** and return it to:
Civil Service Pensions, Capita Pensions Solutions, PO Box 713, Darlington, DL1 9JZ.

Your personal details

Your name

Your address

Postcode

Your employer

National Insurance (NI) number

Please provide your contact details

Telephone number

Email address

Your partner's details

Their full name (including title)

Address

Postcode

Date of birth

Their National Insurance (NI) number

Your relationship

We confirm the following:

- We have lived together for years.
- Our financial affairs are interdependent (or either one of us is financially dependent on the other).
- We have a committed relationship with each other and we intend to continue this indefinitely.
- We are mutually responsible for each other's welfare.
- We are not related in a way that will prevent either marriage or civil partnership.
- Neither of us is married to or in a civil partnership with anyone else.
- Neither of us is currently nominated as the partner of anyone else.
- We will inform the scheme administrators if our relationship comes to an end.
- We understand that benefits will not be paid unless the partner provides satisfactory information.

Your signature

Date

Partner signature

Date

Important information

- If you want your partner to receive any lump sum death benefits when you die, you must also complete a 'death benefit nomination form'. You will find this by searching 'member forms' on the forms page of the Civil Service Pension Scheme website.
- Remember to update your partner's details if or when their circumstances change.