

Met Police Pensions – Partner Declaration form

Important - Please read these notes before completing this form

- This form allows you to nominate your partner to receive an adult partners pension payable under the Police Pensions Regulations in the event of your death, subject to the submission of a valid claim form.
- This declaration alone does not give your partner entitlement to a pension. If you were to die, the police authority would need to be satisfied that your relationship with your partner met the qualifying conditions for the payment of a pension at the time of your death. Please read this leaflet for more information.

Please complete in Black Ink and in BLOCK CAPITALS, and send it to

PO BOX 1307 Sutherland House Russell Way Crawley RH10 0PA

Alternatively the form can be sent by email to enquiries_pensions@equiniti.com

Part 1. Your details	
Title	Surname
Other Names	Date of Birth
Pay reference/warrant number	National Insurance Number
Telephone Number	Address
Email Address	
	Postcode

Part 2. Your partners details	EQ
Title	Surname
Other Names	Date of Birth
Pay reference/warrant number	National Insurance Number
Telephone Number	Address (this should normally be the same as the address of the Scheme Member)
Email Address	
	Postcode

Part 3. Declaration - to be completed and signed in the presence of the witness named in Part 4.

We declare the following

- We have lived together for years, during which time our financial affairs have been interdependent (or the partner has been financially dependent on the Scheme member).
- We have an exclusive, committed and long-term relationship with each other and we intend to continue this indefinitely.
- We are not married to each other and we have not formed a civil partnership with each other
- · We are not related in a way that will prevent 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 unmarried partner of anyone else.
- We will tell the scheme administrator in writing if our relationaship comes to an end

We understand that benefits will not be paid unless the partner provides satisfactory evidence that the declaration above is valid when the Scheme member dies

Date

Date

Members signature (signed in the presence of the witness named below)

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Partners signature (signed in the presence
of the witness named below)

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Part 4. Witness details and declaration

Title	Surname
Other Names	Date of Birth
Telephone Number	Address
Email Address	Postcode

I declare that I witnessed the signing of the form in Part 3 by the Scheme member and partner.

Witness signature

Date

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