



## Unmarried partner nomination form

### Nominating a partner as a surviving adult dependant

Under the rules of the Isle of Man Government Unified Scheme (the Scheme), a survivor pension will be paid to your partner when you die. Your survivor pension can be paid to your spouse, civil partner or nominated partner and you should use this form to nominate your partner.

If you have a spouse or registered civil partner, you do not need to nominate them to receive a pension after you die because they are automatically covered by the Scheme's survivor benefits.

### What do I need to do?

If you are a member of the Scheme, you can nominate a surviving adult dependant partner to receive a survivor pension for life when you die. To do this please:

1. Complete Sections 1 to 4 of this form.
2. Ensure that both you and your nominated partner sign the declaration in Section 3.
3. Ensure that a witness has signed the declaration in Section 4.
4. Return your form to the address shown. We will send a copy of the form back to you.

Please read these notes before completing all sections of the partner nomination form, then keep them in a safe place for future reference.

### Eligibility criteria

For a nomination to be accepted, certain conditions must be met. This includes the following:

- » You and your nominated partner must both sign this form.
- » You and your nominated partner must be living together in an exclusive long-term relationship.
- » You and your partner must be legally free to marry or to enter a civil partnership.
- » You and your partner must be financially interdependent (i.e. you rely on your joint finances or one partner is financially dependent on the other to support your standard of living, although you do not need to be contributing equally).
- » Neither party can be currently nominated under the Scheme as the nominated partner of a third party.
- » The conditions stated in the declaration sections of the form must be met.

You should not rely on this information alone to give your partner entitlement to a pension. Following your death, the Public Sector Pensions Authority will need to be satisfied that your relationship continued to meet the qualifying conditions as defined in the Scheme rules for nomination and payment of an adult survivor pension.

#### GUS 4

Evidence of financial interdependency will be required if your partner makes a claim following your death. Evidence might include:

- » confirmation that you lived in a shared household;
- » shared bank accounts or investments;
- » a loan or mortgage in joint names; and
- » wills naming each other as the main beneficiary.

#### Keep your nomination up to date

If your relationship comes to an end you should cancel and revoke your nomination by completing a Partner Nomination Revocation Form (GUS 5) and submitting it to the PSPA as soon as possible.

Alternatively, if you enter a new relationship, you can make a new nomination by downloading and submitting a new 'Unmarried partner nomination form' (GUS 4) from our website [www.pspa.im](http://www.pspa.im)

#### Who cannot be nominated as a surviving adult dependant?

This list is based on the statutory list in the Marriage Act 1984, it may change and so is only a guide. For more detailed information contact the Civil Registry at [civil@registry.gov.im](mailto:civil@registry.gov.im)

A man may not marry (and therefore may not nominate) his:

- » mother, adoptive mother, former adoptive mother;
- » daughter, adoptive daughter, former adoptive daughter;
- » grandmother;
- » granddaughter;
- » sister;
- » aunt; or
- » niece.

A woman may not marry (and therefore may not nominate) her:

- » father, adoptive father, former adoptive father;
- » son, adoptive son, former adoptive son;
- » grandfather;
- » grandson;
- » brother;
- » uncle; or
- » nephew.

## Unmarried partner nomination form

Complete Sections 1 to 4 to nominate your partner as a surviving adult dependant. You may wish to keep a copy of this form in a safe place for future reference in the event of death.

Please complete in black ink, using CAPITAL letters

### Section 1 – Your personal details

To be completed by the member applicant in all cases

|   |  |
|---|--|
| <b>Title (Mr, Mrs, Miss, Ms, Dr, other)</b> |  |
| <b>Surname</b>                              |  |
| <b>Other names (in full)</b>                |  |
| <b>Address</b>                              |  |
| <b>Member number (if known)</b>             |  |
| <b>Date of birth</b>                        |  |

### Section 2 – Your partner's details

I hereby nominate my partner to receive any death benefit payable under the Scheme:

|   |  |
|---|--|
| <b>Title (Mr, Mrs, Miss, Ms, Dr, other)</b> |  |
| <b>Surname</b>                              |  |
| <b>Other names (in full)</b>                |  |
| <b>Address</b>                              |  |
| <b>National Insurance number</b>            |  |
| <b>Date of birth</b>                        |  |

### Section 3 – Member and partner declaration

To be completed by the Scheme member and partner.

We declare that:

- » we have lived together for \_\_\_\_\_ **years (please insert)** during which time our financial affairs have been interdependent, or one partner has been financially dependent on the other (you must enter a number in the space above);
- » we have a committed relationship with each other and we intend to continue this indefinitely;
- » we are mutually responsible for each others' welfare;
- » we are not related in a way that would prevent either marriage or a civil partnership;
- » neither of us is married to or in a civil partnership with anyone else;
- » neither of us is currently nominated as a partner of anyone else;
- » we will inform Isle of Man Public Sector Pensions Authority if our relationship comes to an end;
- » we understand that benefits will not be paid unless the partner provides satisfactory evidence that the declarations above are valid when the member dies; and
- » we have read the accompanying notes.
- » we consent to the disclosure of information on this form for the purposes of verification and in compliance with the Data Protection Act. I understand that the PSPA will retain this form for their records.

|   |  |
|---|--|
| <b>Member's signature</b>                 |  |
| I hereby revoke any previous nominations. |  |
| <b>Date</b>                               |  |
| <b>Partner's signature</b>                |  |
| <b>Date</b>                               |  |

### Section 4 – Witness declaration

A witness must be an authorised Bank Official, Public or Civil Servant, Doctor, Justice of the Peace or a Solicitor. By signing below, the witness confirms they are not a relative or nominee and were present at the time the member and partner signed above.

|  |  |
|--|--|
| <b>Title (Mr, Mrs, Miss, Ms, Dr, other )</b> |  |
| <b>Surname</b>                               |  |
| <b>Other names (in full)</b>                 |  |
| <b>Address</b>                               |  |
| <b>Occupation</b>                            |  |
| <b>Witness signature</b>                     |  |
| <b>Date</b>                                  |  |

Please return the completed form to:

Public Sector Pensions Authority  
 3<sup>rd</sup> Floor  
 Prospect House, 27-29 Prospect Hill  
 Douglas  
 ISLE OF MAN  
 IM1 1ET

### Where can I find more information?

You can find more information using the resources on our website at [www.pspa.im](http://www.pspa.im)

**Your information:** The Public Sector Pensions Authority (PSPA) will only use the information that you have provided on this form as required by law. For more information please refer to the PSPA's Privacy Notice on the website at [www.pspa.im](http://www.pspa.im)

### For PSPA Office use only

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| Acknowledged on | Acknowledged by |
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