

**UNIVERSITY OF ABERDEEN
SUPERANNUATION & LIFE ASSURANCE SCHEME**

POTENTIAL DEPENDANT NOMINATION FORM

You should complete this form if you are not married, nor part of a registered civil partnership or have a dependant as described overleaf, use this form to nominate a dependant to be considered for benefits upon your death.

TO: The Trustees

FROM:
Full name of Member

**NATIONAL
INSURANCE No:**

Staff ID No:

Please consider the following as possible recipients of any benefits which are payable at your discretion upon my death while a member of the Scheme.

I understand that, in exercising your discretion, you will not be bound in any way by my wishes but I would like you to consider them.

Full Name:

Relationship to Member:
e.g. relative or partner

Address:
(If different from member)

This request cancels any I have made previously on this matter.

Signed:

Date:

If you have more than 1 dependant please print further copies of this form and indicate that more than 1 form has been used.

DEPENDANT means, in relation to a member a person who at the date of the Member's death, or the earlier date of commencement of his/her pension, was:

- 1) His/her Spouse;
- 2) A person who in the opinion of the Trustees was:
 - a) Financially dependent on the Member;
 - b) Dependent on the Member because of disability, whether or not also financially dependent on the Member; or
 - c) Not married to the Member, but living with him/her in a relationship akin to marriage and where the partner and Member were financially interdependent (which term includes a situation where the partner and the member relied on their joint income and resources to maintain their standard of living) and whether or not the partner is of the same sex as the Member; or
- 3) A Child of the Member.