



## UNIVERSITY OF MANCHESTER SUPERANNUATION SCHEME

### NOTES ON REGISTRATION OF POTENTIAL DEPENDANT FORM

1. UMSS Ltd, the Trustee Company for your pension scheme, has discretion to award a dependant's pension in the event of death, where no legal spouse/civil partner survives you.
2. If you do not have a legal spouse/civil partner but have a partner or someone on whom you consider yourself dependent or with whom you consider yourself financially interdependent, please complete the Registration of Potential Dependand form. Financial interdependency may mean, for example, sharing the cost of household expenses.
3. This form can be used whether you are currently an active member of the scheme or a scheme pensioner.
4. Completion of the attached Registration of Potential Dependand form does not in any way require UMSS Ltd to pay a dependant's pension to the person(s) you name (or indeed to anyone else). The absolute discretion to award such a pension remains with UMSS Ltd. UMSS Ltd will however wish to take account of your completed form in the event of your death, along with all the other relevant circumstances at such a time.
5. This form should be signed by you in the presence of a witness. The witness must **not** be a named beneficiary or relative.
6. If you would prefer the contents of the form to remain confidential, please complete and return it in a sealed envelope with your name and National Insurance Number on the front with the statement "Registration of potential dependant: To be opened only in the event of death" (all in BLOCK CAPITALS).
7. All forms should be sent to the University of Manchester, Pensions Office, Directorate of Human Resources, John Owens Building, Oxford Road, Manchester M13 9PL.
8. Please remember that you must notify the Pensions Office of any change to your own and/or your potential dependant's contact details.



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### REGISTRATION OF POTENTIAL DEPENDANT

(Please complete in BLOCK Capitals)

#### Member details

Title	
Surname	
Forename	
ID number on staff card	

#### Dependant's details

Name	Relationship to member (eg. partner, relative)	Address (if different to Member)

#### Declaration to UMSS Ltd

I wish to register the person named above as someone whom I consider to be dependent on me. I understand that completion of this form is for the purposes of guidance to UMSS Ltd and is in no way legally binding. If I have completed such a form previously, that is replaced by this form:

Signed		Date	
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#### Witnessed by (see note overleaf)

Signed		Date	
Name			
Address			

By signing and returning this form you are agreeing to your personal details being obtained, held and processed by the Trustee, the University and any third party appointed in connection with UMSS.