

Financial Assistance Scheme

The Financial Assistance Scheme (FAS) is administered by the Pension Protection Fund



Pension
Protection
Fund

FAS Operations Team
Financial Assistance Scheme
PO Box 234, Mowden Hall, Darlington DL1 9GL

www.pensionprotectionfund.org.uk

Telephone:
0845 604 4585

Textphone:
0845 604 4139

Nomination form

FmFAS12 **1/2**

Nomination of a partner to receive FAS survivor assistance payments.

How to complete this form

Please only complete the form if you have a **partner** (see **note 1**), whom you wish to nominate to receive survivor assistance payments in the event of your death.

Do not complete the form if you are:

- **married** or
- in a **registered civil partnership**

Unless

- you are living with a partner whom you would like to nominate to receive survivor assistance instead of your spouse or civil partner.

Once completed, the form should be signed and returned to the FAS Scheme Manager at the following address:

Financial Assistance Scheme, PO Box 234, Mowden Hall, Darlington DL1 9GL

Please note:

1. A **partner** means a person of either sex who is not married to, or in a civil partnership with the qualifying member and who is living with the member as if that person and the member are husband and wife; or in the case of two adults of the same sex, as if they were civil partners.
2. You are strongly advised to keep your nomination up-to-date if your circumstances change by submitting a new form to the FAS Scheme Manager.
3. Completion of this nomination form is not proof of entitlement to assistance.
4. Where there was provision in the rules of your scheme to pay a survivor's pension to a partner, assistance may be payable to your partner subject to meeting certain requirements. Please refer to the survivor fact sheet/website for further information.
5. Where this form has been completed your nominated partner will be required to provide evidence that they were living with you immediately before your death.

Continued →

Please complete the form in **CAPITAL LETTERS**, using **BLACK INK**.

Part A – Member’s details

Title Mr / Mrs / Miss / Ms / Dr (delete as applicable) Other:	
Surname	Forenames (in full)
Date of birth	National Insurance number
Telephone number	Email
Address	
.....	
	Postcode
Scheme name (if known)	
Scheme registry number (if known)	

Part B – Partner’s details

As at the date on which I signed this form the person named in this Part B was my partner (see **note 1**) and was living with me in a relationship akin to a marriage or a civil partnership.

Title Mr / Mrs / Miss / Ms / Dr (delete as applicable) Other:	
Surname	Forenames (in full)
Date of birth	National Insurance number
Telephone number	Email
Address	
.....	
	Postcode

Part C – Declaration

We understand that, in the event of the member’s death, this nomination form does not guarantee entitlement and a surviving partner will only be entitled to payments from the FAS if the relevant conditions set out in legislation are met.

We understand that these conditions include:

- (a) a requirement that the rules of the member’s scheme made provision for the payment of a survivor’s pension to a surviving partner (including where provision could be made at the discretion of the scheme’s trustees); and
- (b) a requirement that we must be living together immediately before the member’s death.

Signature of member	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of partner	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>