

Registration of potential dependant

Use this form to nominate a financial dependant to receive the equivalent of the husband/wife/civil partner/dependent partner's pension if you die.

Please return this form to: Universities Superannuation Scheme Limited, Royal Liver Building, Liverpool, L3 1PY
Please complete this form using BLOCK CAPITALS

Member details

Title _____ Surname _____

First names _____

National Insurance number _____

Employer details

Employer _____

Dependant Details

Dependant means in relation to any member (including former member) a person (whether or not a relative) who in the opinion of the Trustee Company is, whether wholly or in part, at the time of the member's death either financially dependent on the member or dependent on the member because of any physical or mental disability. You do not need to register a child on this form who would be eligible to receive an annuity in their own right under the rules of USS.

Name _____ Relationship to member _____

Nature of dependency _____

Address _____

Additional dependants (if required)

Name _____ Relationship to member _____

Nature of dependency _____

Address _____

Name _____ Relationship to member _____

Nature of dependency _____

Address _____

Please make sure you sign and complete the Declaration on page 2 of this form.

Data Protection

Universities Superannuation Scheme Limited takes its obligations under the General Data Protection Regulation (GDPR) seriously and has appropriate procedures in place to ensure your personal data and rights are protected.

The information provided on this form will be used for the purpose of administering your pension. Where necessary, we may disclose this information to our appointed third parties, for example, legal advisers. Please ensure any other persons named on this form are made aware that their information will be submitted to us for these purposes.

Find out more about how we collect and process your personal data, protect your privacy, and how you can contact our data protection officer, by visiting www.uss.co.uk/public/privacy-notice.

For a glossary of our terms please see more information on our [important terms](#) page.

Declaration by Member

To Universities Superannuation Scheme Ltd:

Completion of this form does not commit the Trustee Company to pay a pension as that decision can only be made based on circumstances at the time of death.

Name _____ Position _____

Members Signature _____ Date _____