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](http://www.uss.co.uk/public/privacy-notice).

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

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**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 ________________________________

Members Signature ____________________________ Date ________________