



Cohabiting Partner Survivor's Pension

Nomination Form

If you are married or are in a registered civil partnership, you are automatically covered for a survivor benefit in the event of your death. However, provided that you have paid into the LGPS on or after 1st April 2008, a pension is available for a cohabiting partner, or either opposite or same sex. From 1st April 2014, it is no longer required for you to complete a formal nomination or declaration. However, Gwynedd Pension Fund requests that you complete and return this form to the Pension Section for recording purposes only.

Please note in order to qualify for a survivors pension, all of the conditions listed below must have been satisfied, and your cohabiting partner would need to prove that the conditions had been met for a continuous period of at least 2 years prior to the date of death.

There would be a right of appeal if a decision is made not to pay a pension and your partner believes that he/she has entitlements.

Criteria to be met for a valid claim by your cohabiting partner:

- You must have been free to marry each other or enter into a civil partnership together, and;
- You must have lived together as if you were husband and wife or registered civil partners, and;
- Neither of you had been living with someone else as if you were husband and wife or civil partners, and;
- Your financial affairs had been interdependent or your cohabiting partner had been financially dependent upon you as the scheme member (financially interdependent means that you rely on your joint finances to support your standard of living). For example, confirmation that you lived in a shared household with shared household spending, or that you have a bank account or mortgage in a joint name.

Please print in BLOCK capitals using **black** ink.

	Member	Co-habiting Partner
Full Name:		
National Insurance Number:		
Employer:		N/A
Payroll Number:		N/A
Date of Birth:		
Home Address:		
Post code:		

Please inform the Pension Section immediately if the partnership ceases or if there is any change of address.

Member's signature: _____

Date: _____

Please return to: Pensions Section, Gwynedd Council, Council Offices, Caernarfon, Gwynedd, LL55 1SH



Pensiwn Partner Sy'n Cyd-fyw

Ffurflen Enwebu

Os ydych yn briod neu'n bartner sifil cofrestredig, bydd buddion goroeswyr yn cael eu talu'n awtomatig pan fyddwch yn marw. Fodd bynnag, os ydych wedi cyfrannu i'r Cynllun Pensiwn Llywodraeth Leol ar 1^{af} Ebrill 2008 neu wedi hynny mae pensiwn ar gael i bartner, o'r un rhyw neu fel arall, sy'n gyd fyw. O 1^{af} Ebrill 2014 nid yw'n ofynnol i chi gwblhau datganiad ffurfiol. Fodd bynnag, mae Cronfa Bensiwn Gwynedd yn gofyn eich bod yn cwblhau a dychwelyd y ffurflen yma er ddiben recordio gwybodaeth yn unig.

Nodwch os gwelwch yn dda, er mwyn cymhwyso am fuddion goroeswr bydd rhaid i'r holl amgylchiadau sydd wedi eu nodio isod cael eu bodloni, a bydd rhaid i'ch partner sy'n cyd-fyw profi fod yr amodau wedi cael eu bodloni am gyfnod parhaus o leiaf 2 flynedd cyn y dyddiad marwolaeth.

Byddai modd apelio yn erbyn penderfyniad i beidio â thalu'r pensiwn os yw eich partner yn credu bod hawl ganddo/ganddi.

Amodau y dylid eu cwrdd ar gyfer cais dilys gan eich partner sy'n cyd-fyw:

- Dylech fod yn rhydd i briodi eich gilydd neu i ffurfio partneriaeth sifil gyda'ch gilydd, ac;
- Dylech wedi cyd-fyw fel gŵr a gwraig neu fel partneriaeth sifil, ac;
- Nid yw'r nail na'r llall ohonoch wedi bod yn cyd-fyw â rhywun arall fel gŵr a gwraig neu bartneriaid sifil, ac;
- Rydych wedi bod yn ddibynnol ar eich gilydd yn ariannol neu mae'r partner a enwebwyd wedi bod yn ddibynnol yn ariannol ar yr aelod o'r Cynllun (ystyr 'dibynnol yn ariannol' yw eich bod yn dibynnu ar arian y nail a'r llall i gynnal eich safon byw). Fel enghraifft, cadarnhad eich bod wedi byw yn yr un cartref gan rannu costau cynnal y cartref, neu fod gennych gyfrif banc neu forgais yn enw'r ddau ohonoch.

Defnyddiwch BRIF LYTHRENNAU ac inc **du** os gwelwch yn dda.

	Aelod	Partner Sy'n Cyd-fyw
Enw Llawn:		
Rhif Yswiriant Gwladol:		
Cyflogwr:		Ddim yn berthnasol
Rhif Cyflog:		Ddim yn berthnasol
Dyddiad Geni:		
Cyfeiriad Cartref:		
Cod Post:		

Cofiwch roi gwybod i'r Adran Bensiynau os ydi'r bartneriaeth yn dod i ben neu os unrhyw newid i'ch cyfeiriad.

Llofnod yr aelod: _____

Dyddiad: _____

I'w ddychwelyd i: Adran Bensiynau, Swyddfa'r Cyngor, Caernarfon, Gwynedd, LL55 1SH