Transfer out forms – Version 4<u>5</u>.0 (issued April November 2017)

Advice Confirmation Form – to confirm that appropriate independent advice has been obtained from an authorised independent adviser or an appointed representative where a member wants to transfer their benefits from the LGPS to a pension arrangement offering flexible benefits. In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

- money purchase benefit,
- cash balance benefit, or
- benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).

Declaration forms

A full set of (updated) pro-forma transfer out declaration forms are attached in the following annexes:

Deferred refund member

- Annex 1 transfer to a QROPS
- <u>Annex 2</u> transfer to an occupational pension scheme that was contracted-in on 5 April 2016
- Annex 3 transfer to a personal pension scheme
- <u>Annex 4</u> transfer to a salary-related occupational pension scheme that was contracted-out on 5 April 2016
- Annex 5 transfer to a buy-out policy removed from April 2017 due to lack of use

Deferred member - main scheme benefits

- Annex 6 transfer to a QROPS
- Annex 7 transfer to an occupational pension scheme that was contracted-in on 5 April 2016
- Annex 8 transfer to a personal pension scheme
- <u>Annex 9</u> transfer to a salary-related occupational pension scheme that was contracted-out on 5 April 2016
- Annex 10 transfer to a buy-out policy removed from April 2017 due to lack of use

<u>AVC transfer request form – members who have met the vesting period for</u> entitlement to deferred benefits

- Annex 11 transfer to a QROPS
- Annex 12 transfer to an occupational pension scheme that was contracted-in on 5 April 2016
- Annex 13 transfer to a personal pension scheme
- <u>Annex 14</u> transfer to a salary-related occupational pension scheme that was contracted-out on 5 April 2016

Annex 15 - transfer to a buy-out policy - removed from April 2017 due to lack of use Pension Credit member – main scheme benefits Annex 16 - transfer to a QROPS Annex 17 - transfer to an occupational pension scheme that was contracted-in on 5 April 2016 <u>Annex 1</u>8 transfer to a personal pension scheme Annex 19 transfer to a salary-related occupational pension scheme that was contracted-out on 5 April 2016 Annex 20 transfer to a buy-out policy - removed from April 2017 due to lack of use Pension Credit member - AVC fund Annex 21 - transfer to a QROPS Annex 22 - transfer to an occupational pension scheme that was contracted-in on 5 April 2016 Annex 23 - transfer to a personal pension scheme <u>Annex 24</u> transfer to a salary-related occupational pension scheme that was contracted-out on 5 April 2016 Annex 25 transfer to a buy-out policy - removed from April 2017 due to lack of use Note: For the LGPS in Northern Ireland, on the second page of the forms at Annexes 1 to 10: Amend: I have a cohabiting partner; to I have nominated a cohabiting partner to be entitled to a benefit under the LGPS; □ and amend the second note from: 2. If you are cohabiting with a partner please attach the following so we can verify that the cohabitation conditions for entitlement to a survivor's pension have been met [Administering authority to enter information required by the administering authority to verify that the cohabitation conditions

to

2. If you have nominated a cohabiting partner to be covered by the LGPS please attach [Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]

have been met for 2 years as at the relevant date]

Advice Confirmation Form

Confirmation that appropriate independent advice has been obtained from an authorised independent adviser or an appointed representative

Information: Before a transfer of safeguarded benefits from the Local Government Pension Scheme (LGPS) can take place a scheme member must provide proof that they have taken appropriate independent advice.

Instructions for completion: This form must be completed by the authorised independent adviser or an appointed representative from whom advice has been sought regarding a transfer to an arrangement offering flexible benefits¹. Once completed, the form should be given to the scheme member who, if they wish to proceed with the transfer², must also sign the form and return the completed form to [INSERT LGPS PENSION FUND CONTACT DETAILS]

- 1. I [INSERT ADVISER'S / APPOINTED REPRESENTATIVE'S NAME] have provided advice which is specific to a transfer of safeguarded benefits from the LGPS to an arrangement offering flexible benefits¹ to the scheme member noted in section 5 below and the advice is specific to the type of transaction proposed by the scheme member.
- 2. I have authorisation from the Financial Conduct Authority and can act as an authorised independent adviser as permitted under Part 4A of the Financial Service and Markets Act 2000, or resulting from any other provisions of that Act, to carry on the regulated activity in Article 53E of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001or I am acting as an appointed representative (within the meaning given by section 39(2) of that Act) in relation to a regulated activity so specified.
- 3. I am a pension transfer specialist or, if I am not, the advice I have provided has been checked by a pension transfer specialist.³
- 4. The FCA reference number of the company or business in which I work for the purposes of authorisation from the FCA to carry out the regulated activity in the aforementioned article 53E is [INSERT FIRM REFERENCE NUMBER]⁴.
- 5. This advice has been provided to [INSERT MEMBER'S NAME and NI NUMBER] who is a member of the Local Government Pension Scheme in England and Wales / Scotland/ Northern Ireland [DELETE AS APPROPRIATE].

SIGNED BY THE ADVISER /	
APPOINTED	
REPRESENTATIVE	

cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an
amount available for the provision of benefits to or in respect of the member (whether the amount so
available is calculated by reference to payments made by the member or any other person in respect of the
member or any other factor).

¹ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

money purchase benefit,

² The scheme member and the receiving scheme will also be required to sign transfer discharge forms which the LGPS Pension Fund will issue.

³ A pension transfer specialist is an individual appointed by a firm to check the suitability of a pension transfer who has passed the required examinations as specified in the FCA's Training and Competence sourcebook.

⁴ The LGPS Pension Fund will check the Financial Services Register maintained by the FCA to check whether the Firm's Reference Number includes permissions to advise on pension transfers and that there is no limitation excluding activity under article 53E.

PRINT NAME	
DATE SIGNED	

6. I, the scheme member named in section 5, certify that I have received the advice as set out in section 1.

SIGNED BY THE MEMBER	
PRINT NAME	
DATE SIGNED	

Annex 1

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to a QROPS. The completed form must be returned by [Administering authority to enter an latest election date chosen by them] and sent to: [Administering authority to enter relevant address]

The Government has introduced an overseas transfer charge which applies to certain transfers with effect from 9 March 2017. Where the charge applies it is equal to 25% of the actual value of the transfer payment. You will still be able to make a transfer to a QROPS free of UK tax up to the value of your lifetime allowance (i.e. the overseas transfer charge will not apply), where one of the following applies:

- you are resident in the country where the QROPS receiving your transfer is based
- you are resident in a country in the EEA and the QROPS you are transferring to is based in another EEA country
- the QROPS you are transferring to is an occupational pension scheme and you are an employee
 of a sponsoring employer under the scheme at that time
- the QROPS you are transferring to is an overseas public service scheme and you are employed by an employer that participates in that scheme at that time
- the QROPS you are transferring to is a pension scheme of an international organisation and you are employed by that international organisation at that time

You must provide XXXX Pension Fund with all the information requested within this documentation, before the transfer is made, otherwise your transfer will be subject to the overseas transfer charge.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also:

- a) enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out, and
- b) amend this form to include a version of the administering authority's LTA declaration form / statement]

About you		
1. Title		
2. Surname		
3. Forename(s)		
4. Date of birth		
5. National Insurance (NI)		
Number If you do not qualify for an NI number then you must complete question 6.		
6. If you have contacted Jobcentre plus and are not entitled to an NI number, please state the reasons why and provide	HMRC reference number:	
any HMRC reference number you may have received:		
7. Principal residential address:		
This must not be a PO Box number or c/o the pension scheme manager		Postcode
8. If the address given above		
is not in the UK, please also provide your last principal		
residential address in UK:		Postcode
9. If your principal residential address is		
outside the UK, please give the date you left the UK:		
10. Contact telephone number including		
international dialling code if number is outside the UK:		
11. Name of former LGPS employer to which this transfer relates:		
12. Date of leaving LGPS		
active membership to which this transfer relates:		

13. Present status:	Please tick the appropriate box:			
	I am currently married;			
	I am currently in a civil partnership;			
	I have a co-habiting partner;			
	Or			
	None of the above apply			
	(for example, you are single, a widow or widower, divo	rced, etc)		
	Notes:			
	1. If you are married or in a civil partnership and have not p sent the Marriage or Civil Partnership Certificate to us, plea the Certificate to this form. The Certificate will be treated confidentially and returned promptly.			
	2. If you are cohabiting with a partner please attach the following so we can verify that the cohabitation conditions for entitlement to a survivor's pension have been met [Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]			
About the QROPS receiv	ring the transfer			
44 111100				
14. HMRC reference number.				
This is the QROPS reference				
number, allocated to the scheme by HMRC:				
15. Full name and address of				
the QROPS to which you				
want your rights in the XXXX				
Pension Fund to be				
transferred (if more than one				
scheme please give second				
scheme details on separate				
sheet and indicate in what				
proportions you would like				
the transfer payment to be				
split between the schemes):				
16. Name of the country or				
territory under whose law				
the QROPS is established and regulated:				

17. Is the QROPS receiving	Please ticl	k the appropria	ate box:			
the transfer?						
	a) An Occupational Pension Scheme?					
The QROPS you are transferring to will know if they fall within the						
definition of an 'overseas public service scheme' under regulation 3(1B) or the definition of an 'international organisation' under	b) Ar	n Overseas Pu	ublic Service Scheme	e?		
regulation 2(5) of the Pension Schemes (Categories of Country and Requirements for Overseas Pension	c) Ar	n International	Organisation?			
Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206].	d) No	one of the abo	ve?			
	(if you tick	box 17(d) ple	ase go to question 2	23)		
18. Name of your current						
employer						
19. Your current job title						
20. Address of your current employer:						
					Postcode	е
21. Date your current						_
employment began:						
						ᆀ
00.1/						_
22. Your current payroll tax						
reference number (if not						
known – state 'not known')	Varrant	tial, the amoun	ariata havu			4
23. Have you been told that you can access some or all	rou musi	tick the appro	onate box.			
of the value of this transfer,	Yes		No			
either directly or indirectly	/if you tiple	'voo' to the ol	sava than unlaga va	. oro tr	consforring to an	
before you reach the age of 55?			oove then unless you scheme (box 17(b) o			
33 :			you must provide the			
	question 2		you must provide the	, 1111011	nation requested in	
24 Please provide written evi	donce free	n the OBORS	to which you are t	ranafa	rring documenting	4
the circumstance(s) in which Please note, that it is unlikely th	24. Please provide written evidence from the QROPS to which you are transferring, documenting the circumstance(s) in which you are able to access your transferred benefits prior to age 55? Please note, that it is unlikely that you will be able to proceed with this transfer unless the written evidence confirms that the only circumstance you are able to access your transferred benefits prior to age 55 is on health grounds.					

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the refund of contributions (including any deduction for tax or contributions equivalent premium) I would be entitled to under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the alternative cash equivalent transfer value (CETV) I may transfer to another scheme.
- I am a member of the QROPS named on this form.
- If the QROPS named on this form is either an occupational pension scheme, an overseas public service scheme or an international organisation, I am in employment to which the QROPS named above applies.
- I have received a statement from the QROPS named on this form showing the benefits the transfer payment would buy for me in that scheme and the conditions (if any) on which those benefits could be forfeited or withheld.
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the QROPS named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)

I confirm that I understand and I accept that:

- The CETV represents the whole of my LGPS benefits in the XXXX Pension Fund including, if any, Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights(and any additional voluntary contributions I made, calculated by reference to the date I ceased membership).
- The QROPS named on this form may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under that law on the QROPS or its trustees or administrators to provide any particular value or benefit in return for the transfer payment.
- A CETV representing accrued rights under the LGPS in the XXXX Pension Fund, if not a
 recognised transfer to a qualifying recognised overseas pension scheme, will give rise to a tax
 liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give
 rise to a tax liability under section 209 of that Act (unauthorised payments surcharge).
- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- In certain circumstances a transfer of funds to a QROPS and any onwards transfer of those ring fenced funds from the QROPS to another scheme, might give rise to a liability to pay tax in the UK. This could include, though not limited to, a lifetime allowance charge (section 215(2)(b) of the Finance Act 2004) and/or an overseas transfer charge (section 244J and section 244K of the Finance Act 2004).

- If I subsequently become resident in a different country, within the five full tax years following
 payment of my transfer to the QROPS named in this document, I confirm that, within 60 days of
 the change of residence I will inform XXXX Pension Fund.
- Must pay any tax due to HMRC and provide information relating to taxable transfers

Formal election to transfer my pension rights under the LGPS to a QROPS

I elect to have the cash equivalent value of my pension rights under the LGPS in the XXXX Pension Fund, including any additional voluntary contributions I made, transferred to the QROPS I have named on this form. I understand that:

- The benefits the transfer value buys in the QROPS may not be equal or equivalent to those I or
 my dependants may otherwise have become entitled to from the XXXX Pension Fund
- It is my responsibility to ensure that the benefits the transfer value buys in the QROPS are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will be entitled to no further benefits from the XXXX Pension
 Fund in respect of the rights to which the transfer value relates. Neither I nor my dependants will
 have any further claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS
 administering authority or my former employer for or in relation to any rights to which the transfer
 value relates.

To the best of my knowledge and belief, I declare the information given on this form is correct and complete.

-		
Signed	Date	

Certification by Receiving Scheme Manager in Respect of a Transfer to a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE SCHEME MEI GOVERNMENT PENSION SCHE		RING PENSION RIGI	HTS FROM THE L	.OCAL
Surname		Forename(s)	
Principal residential address				
National Insurance Number			Date of birth	
DETAILS OF THE QROPS TO W	HICH THE TRANS	FER PAYMENT IS T	O BE MADE :	
Full name of the QROPS:				
Name of country or territory un the QROPS is established and I				
QROPS reference number (this is reference number, allocated to the schem notification that it met the requirements to overseas pension scheme was acknowled	e by HMRC, when the be a recognised			
Full name, official address,	Name			
business telephone number and, where available, electronic mail address of the manager of the QROPS:	Address			
_	Tel			
	E-mail			
Reference (if any):				

QROPS CERTIFICATE:

In my capacity as scheme manager of the above named QROPS, I certify that:

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has
 not been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. I enclose a
 copy of the letter from HMRC accepting the scheme's status as a QROPS. I will let you know
 immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the scheme, to the extent that they consist of the member's relevant transfer fund, or ring-fenced transfer funds, are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied (as modified by the Pensions Schemes (Application of UK Provisions to Relevant Non-UK Schemes) Regulations 2006 [SI 2006/207]), or if payable earlier are only payable in circumstances in which they would be an authorised member payments if they were made by a registered pension scheme. In addition, I confirm that I satisfy regulation 3(1)(b) of those regulations [SI 2006/206].
- Both the member and I understand that the transfer value represents the whole of the member's LGPS benefits in the XXXX Pension Fund in respect of the rights to which the transfer value relates, including any Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights and any additional voluntary contributions which the member made.
- I have given the member a statement showing the benefits they will be awarded in return for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. We enclose a copy of that statement, signed by us and endorsed by the member.

Please select ONE of the following statements:

 This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.

OR

- This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.
 OR
- This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation.
- This QROPS is not an occupational scheme but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based.
- This QROPS is not an occupational scheme but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country.

	OR
•	None of the above apply, please insert alternative description and providing scheme documentation:

Please also delete one of the following statements:

The member will be able to access benefits flexibly from this QROPS before age 55

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The member will be able to access benefits flexibly from this QROPS on and after age 55 OR

• The member will not be able to access benefits flexibly from this QROPS

"Flexible access" means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015".

Payment instructions:

If the transfer value becomes payable the payment should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

transier payment e.g	. receiving scheme's bank details, etc]	
Signed		QROPS Stamp
Full name and position		
Date		

Confirmation of Receipt of Transfer Value Payment by Scheme Manager of a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE GOVERNMENT PI		MEMBER TRANSFE HEME (LGPS):	ERRING PENSION	RIGHTS FROM TI	HE LOCAL
Surname			Forename(s	s)	
Principal resident address	ial				
National Insuranc	e Number			Date of birth	
		NG RECOGNISED (OVERSEAS PENSI	ON SCHEME (QR	OPS):
Full name of the C					
QROPS reference			T		
Full name, official business telephor		Name			
and, where availa electronic mail ad the manager of th	ble, dress of	Address			
		Tel			
		E-mail			
QROPS CONFIRM	IATION:				
In my capacity as s	scheme mar	nager of the above n	amed QROPS, I co	nfirm that:	
This scheme h the UK	as not beer	n excluded from beir	ng a QROPS by HM	Revenue and Cus	stoms (HMRC) in
I have received Fund	the full trai	nsfer value payment	of £	from the	e XXXX Pension
I have applied QROPS named		at to the provision of	retirement benefits	for the person nan	ned above in the
Signed				QROPS Stamp	
				•	
Full name and position					
Date					

Annex 2

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to another scheme. The completed form must be returned by [Administering authority to enter a latest election date chosen by them] and sent to: [Administering authority to enter relevant address]

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regist LGPS rights	stered	pens	ion sc	heme	to whic	h you e	lect to	transfe	er your
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance				·			1		
Number *		1							
Number									
6 Address									
							Po	stcode	
7 Name of former employer									
to which this transfer relates:									
8 Date of leaving LGPS									
active membership to									
which this transfer relates:									
willer tills transfer relates:	11			1					

9 Present status	Please tick the appropriate box:	
	I am currently married;	
	I am currently in a civil partnership;	
	I have a co-habiting partner;	
	Or	
	None of the above apply	
	(for example, you are single, a widow or widower, divorced,	, etc)
	Notes:	
	 If you are married or in a civil partnership and have not sent the Marriage or Civil Partnership Certificate to us, p the Certificate to this form. The Certificate will be treated confidentially and returned promptly. 	olease attach
	 If you are cohabiting with a partner please attach the following can verify that the cohabitation conditions for entitlement survivor's pension have been met [Administering authority the cohabitation conditions have been met for 2 year relevant date] 	nt to a nority to enter to verify that
10 Full name & address of the registered		
occupational pension scheme & scheme		
administrator (if different) to which you want your LGPS rights		
in the XXXX Pension Fund to be transferred		
(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)	Post co	de

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium, where appropriate) I would be entitled to under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) I may transfer to another scheme.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made, calculated by reference to the date I ceased membership) to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand and that I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further
 claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief,	I declare the information	given on this form	is correct and
complete.			

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):________.
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is an occupational pension scheme that is:
 - * a self-administered scheme, or
 - *an insured scheme i.e. a pension scheme where all of the income and other assets are invested in policies of insurance
- 'The Scheme' meets the requirements of regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33]
- 'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'.
- The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits for the member
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

- The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)
- * Delete as appropriate.

Signature of authorised person	Pension Scheme Stamp:
Full name and position	
Date	

PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections.

S	ELF ADMINISTERED SCHEME - PAYMENT CERT	TIFICATE	
	nsion Fund will not pay the transfer value if they are dissatis of 'the Scheme's' HMRC registered pension scheme status		
[Administering authori	es payable the payment should be made to: ty to indicate here the information they require in scheme's bank details, etc]	order to proces	ss the transfer
Signature of authorised person		Date	
Full name and position			
	INSURED SCHEME - PAYMENT CERTIFICAT	Έ	
I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme). If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'			
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]			
Signature of authorised person		Date	
Full name and position			

Annex 3

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to another scheme. The completed form must be returned by [Administering authority to enter a latest election date chosen by them] and sent to: [Administering authority to enter relevant address]

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regist LGPS rights	stered	pens	ion scl	heme 1	to whic	h you e	lect to	transfe	er your
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance				ı			ı		
Number *									
6 Address		•	•	•	•				
							Po	stcode	
7 Name of former employer to which this transfer									
relates:									
8 Date of leaving LGPS									
active membership to									
which this transfer relates:									

9 Present status	Please tick the appropriate box:	
	I am currently married;	
	I am currently in a civil partnership;	
	I have a co-habiting partner:	
	Or	
	None of the above apply	
	(for example, you are single, a widow or widower, divorced,	etc)
	Notes:	
	 If you are married or in a civil partnership and have not present the Marriage or Civil Partnership Certificate to us, puthe Certificate to this form. The Certificate will be treated confidentially and returned promptly. If you are cohabiting with a partner please attach the follocan verify that the cohabitation conditions for entitlement survivor's pension have been met [Administering authority the cohabitation conditions have been met for 2 year relevant date] 	lowing so we t to a ority to enter to verify that
10 Full name & address of registered personal		
pension scheme & scheme administrator (if		
different) to which you want your LGPS rights in the XXXX Pension		
Fund to be transferred (if more than one		
scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)	Post cod	de

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium, where appropriate) I would be entitled to under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) I may transfer to another scheme.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

• Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made, calculated by reference to the date I ceased membership) to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further
 claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief,	I declare the information	given on this fo	orm is correct and
complete.			

Signed	Date

Request for Payment of a Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

Please complete Parts A, B and the relevant section in Part C.

Then return the completed form to:
[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of Personal Pension Scheme ('the Scheme')	
Address of Personal Pension Scheme which is to receive the	
transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY.	THE XXXX
PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.	

I certify that:

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value from the XXXX Pension Fund
- 'The Scheme' is both able and willing to accept the transfer value offered
- The Scheme' meets the requirements of regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33].
- The Scheme is not an occupational pension scheme and is established by a person within section 154(1) of the Finance Act 2004
- 'The Company' is a financial institution.
- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):_______.
- I enclose a copy of 'the Scheme's' registration certificate.
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' will use the transfer value to provide rights for the member. I understand that the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or the information provided above or if they do not receive evidence of 'the Scheme's' HMRC registered status.
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

- The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)

Signature of authorised person	Official Company Stamp:
Full name and position	
Date	

PART C: Payment Details - please complete the section that applies to

your scheme - you must complete one of the two sections.

INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status.

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'

Payment instructions:

If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.

Payment instructions:

If the transfer value becomes payable the payment should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

Annex 4

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to another scheme. The completed form must be returned by [Administering authority to enter a latest election date chosen by them] and sent to: [Administering authority to enter relevant address]

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regist LGPS rights	stered pensi	on sche	eme to which	you elec	t to transfe	er your
1 Title						
2 Surname						
3 Forename(s)						
4 Date of birth						
5 National Insurance Number *						
6 Address						
					Postcode	
7 Name of former employer to which this transfer relates:						
8 Date of leaving LGPS active membership to which this transfer relates:						

9 Present status				
	Please tick the appropriate box:			
	I am currently married;			
	I am currently in a civil partnership;			
	I have a co-habiting partner;			
	Or			
	None of the above apply			
	(for example, you are single, a widow or widower, divorced, e	etc)		
	Notes:			
	 If you are married or in a civil partnership and have not previous the Marriage or Civil Partnership Certificate to us, please atta Certificate to this form. The Certificate will be treated confider returned promptly. 	ch the		
	 If you are cohabiting with a partner please attach the following verify that the cohabitation conditions for entitlement to a surve pension have been met [Administering authority to enter in required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at t date] 	vivor's nformation		
10 Full name & address of the registered				
pension scheme & scheme administrator (if				
different) to which you want your LGPS rights in the XXXX Pension				
Fund to be transferred (if more than one				
scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)				

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium where appropriate) I would be entitled to under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) I may transfer to another scheme.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am employed by an employer who is a contributor to the receiving scheme, or I have previously been a member of the receiving scheme.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash
equivalent transfer value (including the transfer value of any additional voluntary contributions I
made, calculated by reference to the date I ceased membership) to the scheme(s) I have named
on this form (and in the proportions shown by me if I have indicated that I wish the transfer value
to be split between more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different
 amount to those which would have been payable under the LGPS from the XXXX Pension Fund and
 where my LGPS benefits include a guaranteed minimum pension and/or section 9(2B) rights these
 will be treated in accordance with the receiving scheme's contracted-out rules.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further
 claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

To th	e best of my	knowledge and be	lief, I declare	the information	given on	this form is	correct and
comp	olete.						

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of a salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

		EAD THIS CERTIFICATE CAREFULLY AND COM. NOT ACCEPT INCOMPLETE OR UNSATISFACT	
Loc	urtifu that		
•	ertify that: -'The Scheme' is a r	egistered pension scheme with HM Revenue and Cu	istoms (HMRC) Pension Scheme
	Tax Reference (PS	STR):	, ,
•	I enclose a copy of Scheme].	of 'the Scheme's' registration certificate [not require	ed if 'the Scheme' is a Statutory
•	I authorise HMRC 'the Scheme' is reg	to provide the XXXX Pension Fund with independent istered with them.	ent confirmation or otherwise that
•	'The Scheme' is:		
		ered scheme, or leme i.e. a pension scheme where all of the income cies of insurance	and other assets are
•		ets the requirements of regulation 6 of the Occup nsfer Sums and Contribution Refunds) Regulations 2	
•		ned in Part A is an employee of an employer that co a member of 'the Scheme' on eiving scheme and joined on	
•		eiving scheme and joined on th able and willing to accept the transfer value offere	
		een given a statement showing details of the salary-	
	will buy in 'the Scho	eme'.	
•	The ECON and SC	ON are E and S	
•		a Contracted-Out Salary Related Scheme (or was the ked Benefit Scheme)	ne active COSR part of a formerly
•	'The Scheme' will a	accept any transferred EPB and/or GMP and/or secti	ion 9(2B) rights
•	The rate of revalua Rate/Section 148 0	tion 'the Scheme' applies to transferred in GMPs is '	***Limited Rate/Fixed
•		one of the following statements:	
	- The member v	vill be able to access benefits from this scheme be	
		ot has received evidence from a registered medicate to be, incapable of carrying on the member's o	
	mental impairn	nent, and the member has not in fact ceased to carry	
	OR The member v	vill only be able to access benefits from this QROPS	on and after age 55 (or earlier if
		dministrator has received evidence from a registered	
		d will continue to be, incapable of carrying on the m	
	physical or me occupation)	ental impairment, and the member has in fact ceased	d to carry on the member's
	elete as appropriate		
		e. Note, however, that as the transfer includes a GM if the transfer is to a salary-related formerly contract	
	neme.	Title transfer is to a salary-related formerly contract	ed-out occupational pension
		te. Note that Limited Rate revaluation can only apply	where the member left the LGPS
bet	ore 6.4.97.		
	nature of		Pension Scheme Stamp:
aut	horised person		
Ful	I name		
	d position		
Dat	te		

PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections.

5	SELF ADMINISTERED SCHEME - PAYMENT CERT	IFICATE	
	I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)		
Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]			ss the transfer
Signature of authorised person	Date		
Full name and position			
	INSURED SCHEME - PAYMENT CERTIFICAT	Έ	
I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme). If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'			
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]			
Signature of authorised person		Date	
Full name and position			

Annex 6

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to a QROPS. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form, fully completed, within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

The Government has introduced an overseas transfer charge with effect from 9 March 2017. Where the charge applies it is equal to 25% of the actual value of the transfer payment. You will still be able to make a transfer to a QROPS free of UK tax up to the value of your lifetime allowance (i.e. the overseas transfer charge will not apply), where one of the following applies:

- you are resident in the country where the QROPS receiving your transfer is based
- you are resident in a country in the EEA and the QROPS you are transferring to is based in another EEA country
- the QROPS you are transferring to is an occupational pension scheme and you are an employee
 of a sponsoring employer under the scheme at that time
- the QROPS you are transferring to is an overseas public service scheme and you are employed by an employer that participates in that scheme at that time
- the QROPS you are transferring to is a pension scheme of an international organisation and you are employed by that international organisation at that time

You must provide XXXX Pension Fund with all the information requested within this documentation, before the transfer is made, otherwise your transfer will be subject to the overseas transfer charge.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also:

- a) enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out, and
- b) amend this form to include a version of the administering authority's LTA declaration form / statement]

About you								
1. Title								
2. Surname								
3. Forename(s)								
4. Date of birth				1				
5. National Insurance (NI) Number								
f you do not qualify for an NI number then you must complete question 6								
6. If you have contacted Jobcentre plus and are not entitled to an NI number, please state the reasons why and provide any HMRC reference number you may	HMRC	referen r:	nce					
nave received:								
7. Principal residential address: This must not be a PO Box number or to the pension scheme manager								
ou the pension scheme manager						Р	ostcode)
B. If the address given above is not in the UK, please also provide your last principal residential address in UK:						P	ostcode	•
9. If your principal								
residential address is outside the UK, please give the date you left the UK:								
10. Contact telephone number including nternational dialling code if number is outside the UK:								
11. Name of former LGPS employer to which this transfer relates:								
12. Date of leaving LGPS active membership to which this transfer relates:								
	I							

13. Present status:							
	Please tick the appropriate box:						
	I am currently married;						
	I am currently in a civil partnership;						
	I have a co-habiting partner;						
	Or	Or					
	None of the above apply						
	(for example, you are single, a widow or widower, divorced, etc)						
	Notes:						
	 If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly. If you are cohabiting with a partner please attach the following so we can verify that the cohabitation conditions for entitlement to a survivor's pension have been met [Administering authority to enter information required by the administering 						
	authority to verify that the cohabitation condition been met for 2 years as at the relevant date]	s have					
About the QROPS receive	ving the transfer						
14. HMRC reference number							
This is the QROPS reference number, allocated to the scheme by HMRC:							
15. Full name and address of							
the QROPS to which you want your rights in the XXXX							
Pension Fund to be transferred (if more than one							
scheme please give second scheme details on separate							
sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):							
16. Name of the country or territory under whose law the QROPS is established and regulated:							

17. Is the QROPS receiving	Please tick the app	ropriate box:		
the transfer?	a)	An Occupational Pension	n Scheme?	
The QROPS you are transferring to will know if they fall within the definition of an 'overseas public				
service scheme' under regulation 3(1B) or the definition of an 'international organisation' under	b)	An Overseas Public Serv	ice Scheme?	
regulation 2(5) of the Pension Schemes (Categories of Country and Requirements for Overseas Pension	c)	An International Organisa	ation?	
Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206].	d)	None of the above?		
	(if you tick	box 17(d) please go to qu	estion 23)	
18. Name of your current employer				
19. Your current job title				
20. Address of your current employer				
				Postcode
21. Date your current employment began				
employment began				
22. Your current payroll tax				
reference number (if not known – state 'not known')				
23. Have you been told that	You must tick the a	ppropriate box:		
you can access some or all of the value of this transfer, either directly or indirectly	Yes	No [
before you reach the age of		he above then unless you		
55?		vice scheme (box 17(b) o 7(c) you must provide the		
	question 24)	,,,	·	
24. Please provide written evi				
the circumstance(s) in which Please note, that it is unlikely the evidence confirms that the only	at you will be able to	proceed with this transfe	r unless the writte	en
age 55 is on health grounds.		,		-

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I am a member of the QROPS named on this form.
- If the QROPS named on this form is either an occupational pension scheme, an overseas public service scheme or an international organisation, I am in employment to which the QROPS named above applies.
- I have received a statement from the QROPS named on this form showing the benefits the transfer payment would buy for me in that scheme and the conditions (if any) on which those benefits could be forfeited or withheld.
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the QROPS named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)
- If the QROPS named on this form offers flexible benefits⁵:
 - other than the pension rights to which this transfer relates, I do / do not [please delete as appropriate] have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

I confirm that, I understand and accept that:

- The CETV represents the whole of my LGPS benefits in the XXXX Pension Fund including, if any, Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights.
- The QROPS named on this form may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under that law on the QROPS or its trustees or administrators to provide any particular value or benefit in return for the transfer payment.
- A CETV representing accrued rights under the LGPS in the XXXX Pension Fund, if not a recognised transfer to a qualifying recognised overseas pension scheme, will give rise to a tax

liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give rise to a tax liability under section 209 of that Act (unauthorised payments surcharge).

- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- In certain circumstances a transfer of funds to a QROPS and any onwards transfer of those ring fenced funds from the QROPS to another scheme, might give rise to a liability to pay tax in the UK. This could include, though not limited to, a lifetime allowance charge (section 215(2)(b) of the Finance Act 2004) and/or an overseas transfer charge (section 244J and section 244K of the Finance Act 2004).
- If I subsequently become resident in a different country, within the five full tax years following payment of my transfer to the QROPS named in this document, I confirm that, within 60 days of the change of residence I will inform XXXX Pension Fund.
- Must pay any tax due to HMRC and provide information relating to taxable transfers.

Formal election to transfer my pension rights under the LGPS to a QROPS

I elect to have the cash equivalent value of my pension rights under the LGPS in the XXXX Pension Fund transferred to the QROPS I have named on this form. I understand that:

- The benefits the transfer value buys in the QROPS may not be equal or equivalent to those I or
 my dependants may otherwise have become entitled to from the XXXX Pension Fund
- It is my responsibility to ensure that the benefits the transfer value buys in the QROPS are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will be entitled to no further benefits from the XXXX Pension
 Fund in respect of the rights to which the transfer value relates. Neither I nor my dependants will
 have any further claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS
 administering authority or my former employer for or in relation to any rights to which the transfer
 value relates.

To best of my knowledge and belief, I declare the information given in this form is correct and complete.

Signed	Date	

⁵ In this <u>circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:</u>

money purchase benefit,

[•] cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).

Certification by Receiving Scheme Manager in Respect of a Transfer to a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE SCHEME MEI GOVERNMENT PENSION SCHE		RING PENSION RIGH	ITS FROM THE LOCAL
Surname		Forename(s)	
Principal residential address			
National Insurance Number			Date of birth
DETAILS OF THE QROPS TO W	HICH THE TRANS	FER PAYMENT IS TO	D BE MADE :
Full name of the QROPS:			
Name of country or territory un the QROPS is established and i			
QROPS reference number (this is the QROPS reference number, allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged):			
Full name, official address,	Name		
business telephone number and, where available, electronic mail address of the manager of the QROPS:	Address		
	Tel		
	E-mail		
Reference (if any):			

QROPS CERTIFICATE:

In my capacity as scheme manager of the above named QROPS, I certify that:

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has
 not been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. I enclose a
 copy of the letter from HMRC accepting the scheme's status as a QROPS. I will let you know
 immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.
- This QROPS is able and willing to receive the transfer payment and we confirm that we will use the transfer payment in this QROPS to provide retirement benefits in this QROPS for the person named above.
- Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the scheme, to the extent that they consist of the member's relevant transfer fund or ring-fenced transfer funds, are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied (as modified by the Pensions Schemes (Application of UK Provisions to Relevant Non-UK Schemes) Regulations 2006 [SI 2006/207]), or if payable earlier, are only payable in circumstances in which they would be authorised member payments if they were made by a registered pension scheme. In addition, I confirm that I satisfy regulation 3(1)(b) of those regulations [SI 2006/206]
- Both the member and I understand that the transfer value represents the whole of the member's LGPS benefits in the XXXX Pension Fund in respect of the rights to which the transfer value relates, including any Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights.
- I have given the member a statement showing the benefits they will be awarded in return for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. I enclose a copy of that statement, signed by us and endorsed by the member.
- The Our-scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).

* delete as appropriate

Please select ONE of the following statements:

• This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.

OR

This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.

OR

 This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation.

OR

 This QROPS is not an occupational scheme but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based.

OR

 This QROPS is not an occupational scheme but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country.

OR

None of the above apply, please insert alternative description and providing scheme documentation:

L		
		Ξ

Please also dell	ete one of the fo	ollowing statemen	te:	
			oly from this QROPS be	ofore age 55 OR
				n this QROPS on and after age 55
OR	THE HIGHBELV	TII DO ADIO TO AOOC	oo benefito flexibly from	ir tillo artor o ori and alter ago oo
•	The member w	ill not be able to :	access benefits flexibly	from this OROPS
	THE MEMBER W	in flot be able to t	dooded benefite hexibiy	Tom the given e
"Flevible access	" means taking	a cash amount o	ver the tay-free lump su	um from a flexi-access drawdown
				asing a flexible annuity; taking a
				pensioner members or taking a
				where the whole amount can be
				ase arrangement if the member has
				valid notification for flexible
				their pension rights at the start of 6
April 2015".			That of the state	and periods right at the class of c
Payment ins	tructions:			
		able the payment sh	ould be made to:	
				ire in order to process the
transfer payment e.g. receiving scheme's bank details, etc]				
Signed	Ĭ		· •	QROPS Stamp
Full name and		-		1
position				
Date				

Confirmation of Receipt of Transfer Value Payment by Scheme Manager of a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE GOVERNMENT PE		MEMBER TRANSFE HEME (LGPS):	ERRING PENSION I	RIGHTS FROM TH	IE LOCAL
Surname			Forename(s	s)	
Principal resident	ial				
					1
National Insurance	e Number			Date of birth	
DETAILS OF THE	QUALIFYII	NG RECOGNISED (OVERSEAS PENSI	ON SCHEME (QR	OPS):
Full name of the G	ROPS:				
QROPS reference	number:				
Full name, official	address,	Name			
business telephor and, where availal	ne number ble.	Address			
electronic mail ad	dress of				
the manager of the	e QROPS:	Tal			
		Tel E-mail			
		E-maii			
QROPS CONFIRM	ATION:				
In my capacity as s	cheme mar	nager of the above n	amed QROPS, I co	nfirm that:	
This scheme had the UK	as not beer	n excluded from bein	ng a QROPS by HM	Revenue and Cust	toms (HMRC) in
I have received Fund	I the full trai	nsfer value payment	of £	from the	XXXX Pension
I have applied to QROPS named		at to the provision of	retirement benefits	for the person nam	ed above in the
Signed			10	QROPS Stamp	
Full name and					
position Date					

Annex 7

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regis	stered	pensi	on sch	neme t	o whic	h you el	ect to	transfe	er your
LGPS benefits									
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance									
Number *									
6 Address	l			<u> </u>	J				Į.
							Po	stcode	
7 Name of former employer to which this transfer									
relates									
8 Date of leaving LGPS							ı		
active membership to which this transfer relates									

9 Present status	Places tick the appropriate box.				
	Please tick the appropriate box:	_			
	I am currently married;				
	I am currently in a civil partnership;				
	I have a co-habiting partner;				
	Or				
	None of the above apply				
	(for example, you are single, a widow or widower, divorced, e	tc)			
	Notes:				
	1. If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly.				
	2. If you are cohabiting with a partner please attach the following sverify that the cohabitation conditions for entitlement to a survivor' have been met [Administering authority to enter information rethe administering authority to verify that the cohabitation cor have been met for 2 years as at the relevant date]	s pension equired by			
10 Full name & address of the registered					
pension scheme & scheme administrator (if					
different) to which you want your LGPS rights in the XXXX Pension					
Fund to be transferred (if more than one					
scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)	Post code	•			

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the occupational pension scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)
- If the scheme(s) to which I elect the cash equivalent transfer value to be paid offers flexible benefits :
 - other than the pension rights to which this transfer relates, I do / do not [please delete as appropriate] have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

⁶ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

money purchase benefit,

cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an
amount available for the provision of benefits to or in respect of the member (whether the amount so
available is calculated by reference to payments made by the member or any other person in respect of the
member or any other factor).

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further
 claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief,	I declare the inform	nation given in this f	orm is correct and
complete.			

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

Ī	certify	that:
	CCILIIY	uiai.

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):________.
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is an occupational pension scheme that is:
 - * a self-administered scheme, or
 - *an insured scheme i.e. a pension scheme where all of the income and other assets are invested in policies of insurance
- 'The Scheme' meets the requirements of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847]
- 'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'.
- The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits for the member. The member will / will not* be able to access benefits flexibly from 'the Scheme'
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

- The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)
- "Flexible access" means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015.
 - The scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).
- * Delete as appropriate.

Signature of authorised person	Pension Scheme Stamp:
Full name and position	
Date	

PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections.

S	ELF ADMINISTERED SCHEME - PAYMENT CERT	TFICATE		
	nsion Fund will not pay the transfer value if they are dissatist of 'the Scheme's' HMRC registered pension scheme status			
[Administering authori	es payable the payment should be made to: ty to indicate here the information they require in scheme's bank details, etc]	order to proces	ss the transfer	
Signature of authorised person				
Full name and position				
	INSURED SCHEME - PAYMENT CERTIFICAT	ΓΕ		
	nsion Fund will not pay the transfer value if they are dissatis of 'the Scheme's' HMRC registered pension scheme status			
payment must be made to	nes payable I understand that, in accordance with section the Scheme Administrator (as defined in sections 270 to f the policies insuring the benefits in 'the Scheme'			
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]				
Signature of authorised person		Date		
Full name and position		1	1	

Annex 8

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regis	stered	pens	ion sc	heme	to whi	ch you	elect to	transfe	∍r your
LGPS benefits									
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance									
Number *									
6 Address		1	l	l	 	 	I .	ı	,
							Po	stcode	
7 Name of former employer									
to which this transfer relates:									
8 Date of leaving LGPS									
active membership to which this transfer relates:									

9 Present status	Please tick the appropriate box:	
	I am currently married;	П
	I am currently in a civil partnership;	
	I have a co-habiting partner:	
	Or	
	None of the above apply	
	(for example, you are single, a widow or widower, divorced,	etc)
	Notes:	
	1. If you are married or in a civil partnership and have not previous Marriage or Civil Partnership Certificate to us, please attach the this form. The Certificate will be treated confidentially and returned.	Certificate to
	2. If you are cohabiting with a partner please attach the following verify that the cohabitation conditions for entitlement to a survivo have been met [Administering authority to enter information the administering authority to verify that the cohabitation cohave been met for 2 years as at the relevant date]	r's pension required by
10 Full name & address		
of the registered personal pension		
scheme & scheme		
administrator (if different to which you		
want your LGPS rights in the XXXX Pension		
Fund to be transferred		
(if more than one scheme please give	Post cod	de
second scheme details		
on separate sheet and indicate in what		
proportions you would		
like the transfer payment to be split		
between the schemes)		

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the personal pension scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)
- If the scheme(s) to which I elect the cash equivalent transfer value to be paid offers flexible benefits[∑]:
 - other than the pension rights to which this transfer relates, I do / do not [please delete as appropriate] have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

⁷ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

money purchase benefit,

[•] cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further
 claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given in this form is correct a	anc
complete.	

Signed	Date

Request for Payment of a Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

Please complete Parts A, B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of Personal Pension Scheme ('the Scheme')	
Address of Personal Pension Scheme which is to receive the	
transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

ı	certify	that

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value from the XXXX Pension Fund
- 'The Scheme' is both able and willing to accept the transfer value offered
- The Scheme' meets the requirements of regulation 12 of the Occupational Pension Scheme (Transfer Values) Regulations 1996 (SI 1996/1847).
- The Scheme is not an occupational pension scheme and is established by a person within section 154(1) of the Finance Act 2004
- 'The Company' is a financial institution.
- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):_______.
- I enclose a copy of 'the Scheme's' registration certificate.
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' will use the transfer value to provide rights for the member. I understand that the XXXX
 Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or the
 information provided above or if they do not receive evidence of 'the Scheme's' HMRC registered status
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

- The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)
- The member will / will not* be able to access benefits flexibly from 'the Scheme'
- "Flexible access" means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015.
- The scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).
- * Delete as appropriate

Signature of authorised person	Official Company Stamp:
Full name and position	
Date	

PART C: Payment Details - please complete the section that applies to

your scheme - you must complete one of the two sections.

INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status.

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'

Payment instructions:

If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.

Payment instructions:

If the transfer value becomes payable the payment should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

Annex 9

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the XXXX Pension Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regis	stered	pens	sion sc	heme	to whi	ch you	elect to	transf	er your
LGPS benefits		•				•			•
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance Number *									
6 Address									1
							Po	stcode	
7 Name of former employer to which this transfer relates									
8 date of leaving LGPS active membership to which this transfer relates									

9 Present status	Please tick the appropriate box:						
	I am currently married;						
	I am currently in a civil partnership;						
	I have a co-habiting partner;						
	Or						
	None of the above apply						
	(for example, you are single, a widow or widower, divorced, e	etc)					
	Notes:						
	If you are married or in a civil partnership and have not previous the Marriage or Civil Partnership Certificate to us, please attached Certificate to this form. The Certificate will be treated confidence returned promptly.	ch the					
	 If you are cohabiting with a partner please attach the following verify that the cohabitation conditions for entitlement to a surv pension have been met [Administering authority to enter in required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the date] 	rivor's nformation					
10 Full name & address of the registered							
pension scheme & scheme administrator (if							
different) to which you want your LGPS rights							
in the XXXX Pension Fund to be transferred							
(if more than one scheme please give	Post code	<u> </u>					
second scheme details on separate sheet and							
indicate in what proportions you would							
like the transfer payment to be split							
between the schemes)							

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension from the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the registered pension scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash
equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown
by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund and where my LGPS benefits include a guaranteed minimum pension and/or section 9(2B) rights these will be treated in accordance with the receiving scheme's contracted-out rules.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further
 claim in any circumstances or in any form on the XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief,	I declare the information	given on this	form is correct and
complete.			

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of a Defined Benefit Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:
[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the transfer value:	
	Postcode

		NOT ACCEPT INCOMPLETE OR UNSATISFACT	
l ce	ertify that:		
•	'The Scheme' is a r	egistered pension scheme with HM Revenue and CrTR):	ustoms (HMRC), Pension Scheme
•		of 'the Scheme's' registration certificate [not require	red if 'the Scheme' is a Statutory
•	I authorise HMRC 'the Scheme' is reg	to provide the XXXX Pension Fund with independ istered with them.	ent confirmation or otherwise that
•	'The Scheme' is a and is:	salary-related occupational pension scheme that w	as contracted-out on 5 April 2016
		ered scheme, or eme i.e. a pension scheme where all of the income ies of insurance	and other assets are
•		s the requirements of Regulation 12 of the Occupa s 1996 [SI 1996/1847]	tional Pension Schemes (Transfer
•	**The member nan employee became member of the rece	ned in Part A is an employee of an employer that co a member of 'the Scheme' on eiving scheme and joined on	ontributes to 'the Scheme' and the, or was previously a and left on
•		th able and willing to accept the transfer value offer	
•		een given a statement showing details of the salary	
•	The ECON and SC	ON are E and S	
•	'The Scheme' was	a Contracted-Out Salary Related Scheme (or was to ged Benefit Scheme)	
•	'The Scheme' will a	ccept any transferred EPB and/or GMP and/or sect	ion 9(2B) rights
•	The rate of revalua Rate/Section 148 0	tion 'the Scheme' applies to transferred in GMPs is orders	***Limited Rate/Fixed
•		one of the following statements:	
		rill be able to access benefits from this scheme be	
		ot has received evidence from a registered medicate to be, incapable of carrying on the member's continuous to be a secure of the member's continuous transfer of the secure of the secu	
		ent, and the member has not in fact ceased to carr	
	OR		
		rill only be able to access benefits from this QROPS	
		Iministrator has received evidence from a registered	
		d will continue to be, incapable of carrying on the material impairment, and the member has in fact cease	
	occupation)	marimpairmont, and the member has in rast oddes	a to carry on the member o
* D	elete as appropriate		
		e. Note, however, that as the transfer includes a GN f the transfer is to a salary-related formerly contract	
sch	ieme.	,	
	Delete as appropria ore 6.4.97.	te. Note that Limited Rate revaluation can only apply	y where the member left the LGPS
Sig	nature of		Pension Scheme Stamp:
_	horised person		·
	l name I position		

· •	must complete one of the two sections.				
	SELF ADMINISTERED SCHEME - PAYMENT CERT	IFICATE			
	nsion Fund will not pay the transfer value if they are dissatis of 'the Scheme's' HMRC registered pension scheme statu				
Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]					
Signature of authorised person		Date			
Full name and position					
	INSURED SCHEME - PAYMENT CERTIFICAT	ΓE			
I understand the XXXX Per or do not receive evidence	nsion Fund will not pay the transfer value if they are dissatis of 'the Scheme's' HMRC registered pension scheme status	sfied with the comp (other than a Stat	eletion of this form outory Scheme).		
payment must be made to	nes payable I understand that, in accordance with section the Scheme Administrator (as defined in sections 270 to f the policies insuring the benefits in 'the Scheme'				
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]					
Signature of authorised person		Date			
Full name		I	<u> </u>		

Date

Annex 11

AVC Transfer Request Form - members who have met the vesting period

Request for Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to a QROPS. Return the completed form to us at: [Administering authority to enter relevant address]

The Government has introduced an overseas transfer charge with effect from 9 March 2017. Where the charge applies it is equal to 25% of the actual value of the transfer payment. You will still be able to make a transfer to a QROPS free of UK tax up to the value of your lifetime allowance (i.e. the overseas transfer charge will not apply), where one of the following applies:

- you are resident in the country where the QROPS receiving your transfer is based
- you are resident in a country in the EEA and the QROPS you are transferring to is based in another EEA country
- the QROPS you are transferring to is an occupational pension scheme and you are an employee
 of a sponsoring employer under the scheme at that time
- the QROPS you are transferring to is an overseas public service scheme and you are employed by an employer that participates in that scheme at that time
- the QROPS you are transferring to is a pension scheme of an international organisation and you are employed by that international organisation at that time

You must provide XXXX Pension Fund with all the information requested within this documentation, before the transfer is made, otherwise your transfer will be subject to the overseas transfer charge.

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also:

- a. enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out, and
- b. amend this form to include a version of the administering authority's LTA declaration form / statement]

About you								
1 Title								
2 Surname								
3 Forename(s)								
4 Date of birth								
5 National Insurance (NI)	 					<u>l</u>		
Number If you do not qualify for an NI number then you must complete question 6								
6 If you contacted Jobcentre								
plus and are not entitled to an NI number, please state the reasons why and provide any HMRC:	HMRC numbe	referen er	nce					
							F	Postcode
							'	0010000
7 Principal residential								
address This must not be a PO Box number or c/o the pension scheme manager								
						Р	ostcode	9
8 If the address given above is not in the UK, please also								
provide your last principal residential address in UK								
						Р	ostcode)
9 If your principal address is								
outside the UK, please give the date you left the UK:								
10 Contact telephone				1				
number including international dialling code if								
number is outside the UK								
11 Name of former employer								
to which this transfer relates					 			
12 Date of ceasing LGPS AVC contributions to which						l		1
this transfer relates:								

About the QROPS received	ving th	e tra	nsfer					
13 HMRC reference number.								
This is the QROPS reference								
number allocated to the								
scheme by HMRC:								
14 Full name and address of								
the QROPS to which you								
want your AVC Fund to be								
transferred (if more than one	-							
scheme please give second								
scheme details on separate								
sheet and indicate in what								
proportions you would like								
the transfer payment to be								
split between the schemes):								
15 Name of the country or								
territory under whose law								
the QROPS is established								
and regulated :								
16. Is the QROPS receiving	Please	tick th	ne appro	onriate	pox.			
the transfer?	licasc	tion ti	ιο αρρι	opriate	DOX.			
the transfer :	2)	۸n O	counctio	anal Da	ncion S	cheme?		
The QROPS you are transferring to	a)	AllO	cupatio	mai re	1151011 31	cheme?		
will know if they fall within the								
definition of an 'overseas public	L	۸ ۰.		D. J. D.	0	0-6	0	
service scheme' under regulation	b)	An O	/erseas	Public	Service	Scheme	9 (
3(1B) or the definition of an								
'international organisation' under regulation 2(5) of the Pension						_		
Schemes (Categories of Country and	c)	An Int	ernation	nai Org	anisatio	n?		
Requirements for Overseas Pension								
Schemes and Recognised Overseas								
Pension Schemes) Regulations 2006	d)	None	of the a	above?				
[SI 2006/206].								
17. Name of your current	(if you	tick bo	ox 16(d)	please	go to c	uestion 2	22)	
-								
employer								
18. Your current job title								
29. Address of your current								
employer:								
								Dootoodo
20. Data vous current	1							Postcode
20. Date your current				1			1	
employment began:								
21. Your current payroll tax								
reference number (if not								
known - state 'not known')								

22. Have you been told that you can access some or all of the value of this transfer, either directly or indirectly before you reach the age of 55?	You must tick the appropriate box: Yes No (if you tick 'yes' to the above then unless you are transferring to an overseas public service scheme (box 17(b) or an international organisation (box 17(c) you must provide the information requested in question 23)
the circumstance(s) in which Please note, that it is unlikely th	dence from the QROPS to which you are transferring, documenting you are able to access your transferred benefits prior to age 55? at you will be able to proceed with this transfer unless the written circumstance you are able to access your transferred benefits prior to

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I am a member of the QROPS named on this form.
- If the QROPS named on this form is an occupational pension scheme, an overseas public service scheme or an international organization, I am in employment to which the QROPS named above applies.
- I have received a statement from the QROPS named on this form showing the benefits the transfer payment would buy for me in that scheme and the conditions (if any) on which those benefits could be forfeited or withheld.
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the QROPS named on this form, I hold / do not hold [please delete as appropriate] any other LGPS AVC rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still paying AVCs as an active member of the LGPS
 (i.e. still paying pension contributions and AVCS to the LGPS)

I confirm that, I understand and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash Equivalent Transfer Value (CETV) has been paid
- The CETV represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The QROPS named on this form may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under that law on the QROPS or its trustees or administrators to provide any particular value or benefit in return for the transfer payment.
- A CETV representing the realisable value of the accrued AVC Fund, if not a recognised transfer
 to a qualifying recognised overseas pension scheme, will give rise to a tax liability under section
 208 of the Finance Act 2004 (unauthorised payments charge) and may give rise to a tax liability
 under section 209 of that Act (unauthorised payments surcharge).
- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- In certain circumstances a transfer of funds to a QROPS and any onwards transfer of those ring fenced funds from the QROPS to another scheme, might give rise to a liability to pay tax in the UK. This could include, though not limited to, a lifetime allowance charge (section 215(2)(b) of the

Finance Act 2004) and/or an overseas transfer charge (section 244J and section 244K of the Finance Act 2004).

- If I become resident in a different country, within the five full tax years following payment of my transfer to the QROPS named in this document, I confirm that, within 60 days of the change of residence I will inform XXXX Pension Fund.
- Must pay any tax due to HMRC and provide information relating to taxable transfers.

Formal election to transfer my AVC rights under the LGPS to a QROPS

I elect to have the cash equivalent value of my realisable AVC Fund transferred to the QROPS I have named on this form. I understand that:

- The benefits the transfer value buys in the QROPS may not be equal or equivalent to those I or my dependants may otherwise have become entitled to from the AVC Fund
- It is my responsibility to ensure that the benefits the transfer value buys in the QROPS are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will be entitled to no further benefits in respect of the rights to
 which the transfer value relates. Neither I nor my dependants will have any further claim in any
 circumstances or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering
 authority or my former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the QROPS I have named on this form I confirm that , I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u> called "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u>-benefits from the scheme
 to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at
 which income from a pension is taxable depends on the amount of income I receive from a pension
 and from other sources.

To best of my knowledge and belief, I declare the information given in this form is correct and complete.

Signed	Date	

Certification by Receiving Scheme Manager in Respect of an AVC Transfer to a Qualifying Recognised Overseas Pension Scheme (QROPS)

ARRANGEMENT UNDER THE L					AVC
Surname			Forename(s)	(20. 0).	
Principal residential address					
National Insurance Number				Date of birth	
DETAILS OF THE QROPS TO W	HICH THE TRANS	SFER PA	YMENT IS TO	BE MADE :	
Full name of the QROPS:					
Name of country or territory under whose law the QROPS is established and regulated:					
QROPS reference number (this is the QROPS reference number, allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged):					
Full name, official address,	Name				
business telephone number and, where available, electronic mail address of the manager of the QROPS:	Address				
	Tel				
	E-mail				
Reference (if any):					·

QROPS CERTIFICATE:

In my capacity as scheme manager of the above named QROPS, I certify that:

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has
 not been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. I enclose a
 copy of the letter from HMRC accepting the scheme's status as a QROPS. I will let you know
 immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the scheme, to the extent that they consist of the member's relevant transfer fund, or ring-fenced transferred funds, are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied (as modified by the Pensions Schemes (Application of UK Provisions to Relevant Non-UK Schemes) Regulations 2006 [SI 2006/207]), or if payable earlier, ae only payable in circumstances in which they would be authorised member payments if they were made by a registered pension scheme. In addition, I confirm that I satisfy regulation 3(1)(b) of those regulations [SI 2006/206]
- Both the member and we understand that the transfer value represents the whole of the member's AVC Fund to which the transfer value relates.
- We have given the member a statement showing the benefits we will award for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. We enclose a copy of that statement, signed by us and endorsed by the member.

Please select ONE of the following statements:

 This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.

OR

- This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.
- This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation.
 OR
- This QROPS is not an occupational scheme but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based.
 OR
- This QROPS is not an occupational scheme but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country.

None of the a	lone of the above apply, please insert alternative description and providing scheme documentation:						

Payment instructions:					
If the transfer value becomes payable the payment should be made to:					
[Administering authority to indicate here the information they require in order to process the					
transfer payment e.g. receiving scheme's bank details, etc]					
Signed		QROPS Stamp			
full name and					
position					
Date					

Confirmation of Receipt of Transfer Value Payment by Scheme Manager of a Qualifying Recognised Overseas Pension Scheme (QROPS)

			ERRING PENSION R MENT PENSION SC		HE AVC
Surname			Forename(s)		
Principal residentia	al				
				T	
National Insurance	Number			Date of birth	
DETAILS OF THE O	QUALIFYII	NG RECOGNISED	OVERSEAS PENSIO	N SCHEME (QR	OPS):
Full name of the Q	ROPS:				
QROPS reference i	number:				
Full name, official a		Name			
business telephone and, where availab		Address			
electronic mail add the manager of the					
the manager of the	KINOF 3.	Tel			
		E-mail			
		1	1		
QROPS CONFIRMA	ATION:				
In my capacity as so	cheme mar	nager of the above n	amed QROPS, I con	firm that:	
This scheme ha the UK	s not beer	n excluded from beir	ig a QROPS by HM F	Revenue and Cus	toms (HMRC) in
I have received	the full trai	nsfer value payment	of £		
I have applied the QROPS named		at to the provision of	retirement benefits for	or the person nan	ned above in the
Signed			Q	ROPS Stamp	
				•	
Full name and position					
Date					

Annex 12

AVC Transfer Request Form - members who have met the vesting period

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regise LGPS AVC Fund	stered	pensio	on sche	eme to	which	you el	ect to	transf	er your
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance Number *									
6 Address			•	•	•				1
							Pos	stcode	
7 Name of former employer to which this transfer relates:									
8 Date of ceasing LGPS AVC contributions to which this transfer relates:									
9 Full name & address of the registered pension									
scheme & scheme administrator (if different) to which you want your									
AVC Fund to be									

transferred (if more than	
one scheme please give	
second scheme details on	Doot oo do
separate sheet and	Post code
indicate in what	
proportions you would like	
the transfer payment to be	
split between the schemes)	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I am electing to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS AVC rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still paying AVCs as an active member of the LGPS (i.e. still paying pension contributions and AVCs to the LGPS)

Formal election to transfer my LGPS AVC Fund to the registered pension scheme named on this form

 Having considered the choices available to me I elect for the realisable value of my AVC Fund be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still
 an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash
 Equivalent Transfer Value (CETV) has been paid
- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependants may otherwise have become entitled to from the AVC Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits in respect of the rights to which the
 transfer value relates. Neither I nor my dependants will have any further claim in any circumstances
 or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering authority or my
 former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I am electing the CETV be paid to may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different
 tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u> called
 "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u>-benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

To th	e best of my knowledge and belief,	I declare the information	n given on this	form is correct ar	١d
comp	olete.				

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

	EAD THIS CERTIFICATE CAREFULLY AND COM NOT ACCEPT INCOMPLETE OR UNSATISFACTOR	
I certify that:		
•	egistered pension scheme with HM Revenue and CusTR):	stoms (HMRC), Pension Scheme
• I enclose a copy Scheme].	of 'the Scheme's' registration certificate [not require	ed if 'the Scheme' is a Statutory
 I authorise HMRC 'the Scheme' is reg 	to provide the XXXX Pension Fund with independe istered with them.	ent confirmation or otherwise that
- *a self-adminis - *an insured scl	occupational pension scheme that is: sered scheme, or seme i.e. a pension scheme where all of the income cies of insurance	and other assets are
	ts the requirements of regulation 12 of the Occupati s 1996 [SI 1996/1847]	onal Pension Schemes (Transfer
• 'The Scheme' is be	th able and willing to accept the transfer value offere	ed.
 The member has to Scheme'. 	een given a statement showing details of the benefits	s the transfer value will buy in 'the
 The member's tra member. 	nsfer value accepted by 'the Scheme' will be used t	to provide transfer credits for the
	one of the following statements:	
	vill be able to access benefits from this scheme be not has received evidence from a registered medica	
	ue to be, incapable of carrying on the member's or	
	nent, and the member has not in fact ceased to carry	
OR OR	•	•
	vill only be able to access benefits from this QROPS	
	dministrator has received evidence from a registered and will continue to be, incapable of carrying on the me	
	ental impairment, and the member has in fact ceased	
occupation)		
* Delete as appropriate		
Signature of authorised person		Pension Scheme Stamp:

Full name and position

Date

PART C: Payment Details – please complete the section that applies to

your scheme – you must complete one of the two sections.

s	ELF ADMINISTERED SCHEME - PAYMENT CERT	IFICATE	
	ension Fund will not pay, or instruct its AVC provider to tion of this form or do not receive evidence of 'the Scheme's ry Scheme)		
[Administering authori	es payable the payment should be made to: ty to indicate here the information they require in scheme's bank details, etc]	order to proces	s the transfer
Signature of authorised person		Date	
Full name and position			
	INSURED SCHEME - PAYMENT CERTIFICAT	E	
	ension Fund will not pay, or instruct its AVC provider to tion of this form or do not receive evidence of 'the Scheme's ry Scheme).		
payment must be made to	nes payable I understand that, in accordance with section the Scheme Administrator (as defined in sections 270 to f the policies insuring the benefits in 'the Scheme'		
to: [Administering authori	es payable, the payment to the Scheme Administrator or In ty to indicate here the information they require in scheme's bank details, etc]		
Signature of authorised person		Date	
Full name and position			

Annex 13

AVC Transfer Request Form - members who have met the vesting period

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regise LGPS AVC Fund	stered	pensio	on sche	eme to	which	you el	ect to	transf	er your
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance Number *									
6 Address				<u>I</u>					
							Pos	stcode	
7 Name of former employer to which this transfer relates									
8 Date of ceasing LGPS AVC contributions to which this transfer relates:									
9 Full name registered pension scheme									
administrator address of the Personal Pension Scheme to which you want									
your AVC Fund to be									

transferred (if more than one scheme please give	
second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)	Post code
Spin som on the continuo,	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS AVC rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still paying AVCs as an active member of the LGPS (i.e. still paying pension contributions and AVCs to the LGPS)

Formal election to transfer my LGPS AVC Fund to the registered pension scheme named on this form.

 Having considered the choices available to me I elect for the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still
 an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash
 Equivalent Transfer Value (CETV) has been paid
- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependants may otherwise have become entitled to from the AVC
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits in respect of the rights to which the
 transfer value relates. Neither I nor my dependants will have any further claim in any circumstances
 or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering authority or my
 former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different
 tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u>
 called
 "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u> benefits from the scheme
 to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at
 which income from a pension is taxable depends on the amount of income I receive from a pension
 and from other sources.

To the best of my knowledge and belief,	I declare the information	given on this	torm is	correct
and complete.				

Signed	Date

Request for Payment of a Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

Please complete Parts A, B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of Personal	
Pension Scheme ('the Scheme')	
Address of Personal	
Pension Scheme which	
is to receive the transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

I certify that:

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value
- 'The Scheme' is both able and willing to accept the transfer value offered
- The Scheme' meets the requirements of regulation 12 of the Occupational Pension Scheme (Transfer Values) Regulations 1996 (SI 1996/1847).
- The Scheme is not an occupational pension scheme and is established by a person within section 154(1) of the Finance Act 2004
- 'The Company' is a financial institution.
- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):______.
- I enclose a copy of 'the Scheme's' registration certificate.
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' will use the transfer value to provide rights for the member.
- I understand that the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value
 if they are dissatisfied with the completion of this form or the information provided above or if they do not
 receive evidence of 'the Scheme's' HMRC registered status
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)

Signature of authorised person	Official Company Stamp:
Full name and position	
Date	

PART C: Payment Details - please complete the section that applies to

your scheme - you must complete one of the two sections.

ı	N	IS	П	IR	F	D	S	CI	4F	М	F.	. P	Δ	٧N	ΛF	NT	\mathbf{c}	FI	ЭΤ	IFI	C	Δ٦	ſΕ
ı	ш		·	רוע			J	vi	-	IVI			~	. 1 11			_		`		\mathbf{v}	~ 1	_

I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status.

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'

Payment instructions:

If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.

Payment instructions:

If the transfer value becomes payable the payment should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

Annex 14

AVC Transfer Request Form - members who have met the vesting period

Request for Payment of Cash Equivalent Transfer Value to a salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which **[administering authority to enter appropriate wording e.g.**]

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regise LGPS AVC Fund	stered	pens	ion scł	neme to	o which	you el	ect to	transfe	er your
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance Number *									
6 Address				I .				I	1
							Ро	stcode	
7 Name of former employer to which this transfer relates:									
8 Date of ceasing LGPS AVC contributions to which this transfer relates:									
9 Full name & address of the registered pension scheme & scheme administrator (if diferent)									
•	1								

to which you want your	
AVC Fund to be	
transferred (if more than	
one scheme please give	
second scheme details on	
separate sheet and	Post code
indicate in what	
proportions you would like	
the transfer payment to be	
split between the schemes)	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS AVC rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [please delete as appropriate] still paying AVCs as an active member of the LGPS (i.e. still paying pension contributions and AVCs to the LGPS)

Formal election to transfer my LGPS AVC Fund to the registered pension scheme named on this form

 Having considered the choices available to me I elect for the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still
 an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash
 Equivalent Transfer Value (CETV) has been paid
- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependants may otherwise have become entitled to from the AVC Fund
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits in respect of the rights to which the
 transfer value relates. Neither I nor my dependants will have any further claim in any circumstances
 or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering authority or my
 former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u> benefits from the scheme
 to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at
 which income from a pension is taxable depends on the amount of income I receive from a pension
 and from other sources.

To the best of my knowledge and belief,	I declare the information	given on this	s torm is correct
and complete.			

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of a Defined Benefit Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

		EAD THIS CERTIFICATE CAREFULLY AND CON . NOT ACCEPT INCOMPLETE OR UNSATISFACT	
l ce	ertify that:		
•	•	registered pension scheme with HM Revenue and Cu	ustoms (HMRC), Pension Scheme
•	I enclose a copy of Scheme].	of 'the Scheme's' registration certificate [not require	ed if 'the Scheme' is a Statutory
•	I authorise HMRC 'the Scheme' is reg	to provide the XXXX Pension Fund with independent pistered with them.	ent confirmation or otherwise that
•	'The Scheme' is a and is:	salary-related occupational pension scheme that wa	as contracted out on 5 April 2016
		tered scheme, or neme i.e. a pension scheme where all of the income cies of insurance	and other assets are
•		ts the requirements of Regulation 12 of the Occupat is 1996 [SI 1996/1847]	ional Pension Schemes (Transfer
•		ned in Part A is an employee of an employer that co a member of 'the Scheme' on	ontributes to 'the Scheme' and the
•	'The Scheme' is bo	oth able and willing to accept the transfer value offere	ed.
•	The member has b will buy in 'the Scho	een given a statement showing details of the salary- eme'.	related benefits the transfer value
•	The ECON and SC	CON are E and S	
•		a Contracted-Out Salary Related Scheme (or was the	ne active COSR part of a formerly
		xed Benefit Scheme) one of the following statements:	
-		vill be able to access benefits from this scheme be	fore age 55 (even if the scheme
		not has received evidence from a registered medica	
		ue to be, incapable of carrying on the member's o	
		nent, and the member has not in fact ceased to carry	on the member's occupation
	<u>OR</u>	all and the able to access have fits from this ODODO	an and often and EE (an applicable
		vill only be able to access benefits from this QROPS dministrator has received evidence from a registered	
		nd will continue to be, incapable of carrying on the m	
		ental impairment, and the member has in fact ceased	
	occupation)		
* D	elete as appropriate).	
** <i>L</i>	Delete as appropriat	e.	
Sic	nature of		Pension Scheme Stamp:
	horised person		Tension deneme damp.
	ll name d position		
Dat	te		

PART C: Payment Details – please complete the section that applies to

your scheme – you must complete one of the two sections.

S	SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE					
	ension Fund will not pay, or instruct its AVC provider to tion of this form or do not receive evidence of 'the Scheme's ry Scheme)					
Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]						
Signature of authorised person		Date				
Full name and position						
	INSURED SCHEME - PAYMENT CERTIFICAT	E				
	ension Fund will not pay, or instruct its AVC provider to tion of this form or do not receive evidence of 'the Scheme's ry Scheme).					
If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'						
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]						
Signature of authorised person		Date				
Full name and position						

Annex 16

Pension Credit Member's Transfer Request Form Request for Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) Pension Credit rights held in the XXXX Pension Fund to be transferred to a QROPS. Return the completed form to us at: [Administering authority to enter relevant address].

You must return this form, fully completed, within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

The Government has introduced an overseas transfer charge with effect from 9 March 2017. Where the charge applies it is equal to 25% of the actual value of the transfer payment. You will still be able to make a transfer to a QROPS free of UK tax up to the value of your lifetime allowance (i.e. the overseas transfer charge will not apply), where one of the following applies:

- you are resident in the country where the QROPS receiving your transfer is based
- you are resident in a country in the EEA and the QROPS you are transferring to is based in another EEA country
- the QROPS you are transferring to is an occupational pension scheme and you are an employee
 of a sponsoring employer under the scheme at that time
- the QROPS you are transferring to is an overseas public service scheme and you are employed by an employer that participates in that scheme at that time
- the QROPS you are transferring to is a pension scheme of an international organisation and you are employed by that international organisation at that time

You must provide XXXX Pension Fund with all the information requested within this documentation, before the transfer is made, otherwise your transfer will be subject to the overseas transfer charge.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also:

- enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out, and
- amend this form to include a version of the administering authority's LTA declaration form / statement]

About you							
1 Title							
2 Surname							
3 Forename(s)							
4 Date of birth							
5 National Insurance (NI) Number If you do not qualify for an NI number then you must complete question 6							
6 If you have contacted Jobcentre plus and are not entitled to an NI number, please state the reasons why and provide any HMRC reference number you may have received:	HMRC	referen	ce				
7 Principal residential address: This must not be a PO Box number or c/o the pension scheme manager					P	ostcode	•
8 If the address given above is not in the UK, please also provide your last principal residential address in UK:							
residential address in UK:					Р	ostcode)
9 If your principal residential address is outside of the UK, please give the date you left the UK:							
10 Contact telephone number including international dialling code if number is outside the UK							

About the QROPS receiving t	he trans	fer							
11 HMRC reference number.									
This is the QROPS reference									٦
number, allocated to the									
scheme by HMRC:									_
12 Full name and address of									_
the QROPS to which you									
want your rights in the XXXX									
Pension Fund to be									
transferred (if more than one									
scheme please give second									
scheme details on separate									
sheet and indicate in what									
proportions you would like									
the transfer payment to be									
split between the schemes):									
13 Name of the country or									
territory under whose law									
the QROPS is established									
and regulated :									
44.1.41.00000	DI .								
14. Is the QROPS receiving	Please t	ick the ap	propriate	e box:					
the transfer?	۵)	۸ n O o o	unationa	I Donoion	Cahama	,			
The QROPS you are transferring to	a)	An Occ	ирацопа	Pension	Scheme?				
will know if they fall within the								· <u></u>	
definition of an 'overseas public	b)	An Ovo	reage Di	ıblic Sonı	ica Saham	02			
service scheme' under regulation	b)	b) An Overseas Public Service Scheme?							
3(1B) or the definition of an 'international organisation' under									
regulation 2(5) of the Pension	c)	c) An International Organisation?							
Schemes (Categories of Country and	0)	7 (11 11110)	mationai	Organisc	2011:				
Requirements for Overseas Pension Schemes and Recognised Overseas									
Pension Schemes) Regulations 2006	d)	None of	f the abo	ve?					
[SI 2006/206].	۵,								
	(if you tie	ck box 14	(d) pleas	e go to q	uestion 20)			
15. Name of your current									
employer									
16. Your current job title									
17 Address of your current									_
employer:									
								Postcod	le
18 Date your current									
employment began									
19 Your current payroll tax						_			-
reference number (if not									
known - state 'not known')									

20. Have you been told that you can access some or all of the value of this transfer, either directly or indirectly before you reach the age of 55?	You must tick the appropriate box: Yes No (if you tick 'yes' to the above then unless you are transferring to an overseas public service scheme (box 14(b) or an international organisation (box 14(c) you must provide the information requested in question 21)
the circumstance(s) in which Please note, that it is unlikely th	dence from the QROPS to which you are transferring, documenting you are able to access your transferred benefits prior to age 55? at you will be able to proceed with this transfer unless the written circumstance you are able to access your transferred benefits prior to

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the benefits I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I am a member of the QROPS named on this form.
- If the QROPS named on this form is either an occupational pension scheme, an overseas public service scheme or an international organization, I am in employment to which the QROPS named above applies.
- I have received a statement from the QROPS named on this form showing the benefits the transfer payment would buy for me in that scheme and the conditions (if any) on which those benefits could be forfeited or withheld.
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one
- I am / am not [please delete as appropriate] already in receipt of a Pension Credit pension from the LGPS (i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the QROPS named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit benefits that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- If the QROPS named on this form offers flexible benefits⁸:
 - other than the pension rights to which this transfer relates, I do / do not [please delete as appropriate] have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) LGPS benefits in respect of my own employment) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) LGPS benefits in respect of my own employment) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

I confirm that, I understand and I accept that:

- The CETV represents the whole of my LGPS benefits in the XXXX Pension Fund including, if any, Safeguarded Rights.
- The QROPS named on this form may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under that law on the QROPS or its trustees or administrators to provide any particular value or benefit in return for the transfer payment.
- A CETV representing accrued rights under the LGPS in the XXXX Pension Fund, if not a
 recognised transfer to a qualifying recognised overseas pension scheme, will give rise to a tax
 liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give
 rise to a tax liability under section 209 of that Act (unauthorised payments surcharge).
- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- If I become resident in a different country, within the five full tax years following payment of my transfer to the QROPS named in this document, I confirm that, within 60 days of the change of residence I will inform XXXX Pension Fund.

Must pay any tax due to HMRC and provide information relating to taxable transfers.

Formal election to transfer my pension credit rights under the LGPS to a QROPS

I elect to have the cash equivalent value of my pension rights under the LGPS in the XXXX Pension Fund transferred to the QROPS I have named on this form. I understand that:

- The benefits the transfer value buys in the QROPS may not be equal or equivalent to those I may
 otherwise have become entitled to from the XXXX Pension Fund.
- It is my responsibility to ensure that the benefits the transfer value buys in the QROPS are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund or the LGPS administering authority.

On payment of the transfer value I will be entitled to no further benefits from the XXXX Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependants will have any further claim in any circumstances or in any form on the XXXX Pension Fund or the LGPS administering authority for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given in this form is correct and complete.

Signed	Date	

⁸ In this <u>circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:</u>

money purchase benefit,

[•] cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an
amount available for the provision of benefits to or in respect of the member (whether the amount so
available is calculated by reference to payments made by the member or any other person in respect of the
member or any other factor).

Certification by Receiving Scheme Manager in Respect of a Transfer to a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE SCHEME IN GOVERNMENT PENSION SC		ERRING	PENSION RI	GHTS FROM TI	HE LOCAL
Surname		F	orename(s)		
Principal residential address					
National Insurance Number				Date of birth	
DETAILS OF THE QROPS TO	WHICH THE TRA	NSFER	PAYMENT IS	TO BE MADE:	
Full name of the QROPS:					
Name of country or territory law the QROPS is established					
QROPS reference number (the reference number, allocated to the schild the notification that it met the requirem recognised overseas pension scheme					
Full name, official address,					
business telephone number and, where available, electronic mail address of the manager of the QROPS:	Address				
	Tel				
	E-mail	<u>'</u>	·		·
Reference (if any):					

QROPS CERTIFICATE:

In my capacity as scheme manager of the above named QROPS, I certify that:

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and
 has not been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. I
 enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS. I will let
 you know immediately if the scheme is excluded from being a QROPS at any time before the transfer
 takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the scheme, to the extent that they consist of the member's relevant transfer fund or ring-fenced transferred funds, are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied (as modified by the Pensions Schemes (Application of UK Provisions to Relevant Non-UK Schemes) Regulations 2006 [SI 2006/207]), or if payable earlier, are only payable in circumstances in which they would be authorised member payments if they were made by a registered pension scheme. In addition, I confirm that I satisfy regulation 3(1)(b) of those regulations [SI 2006/206].
- Both the member and I understand that the transfer value represents the whole of the member's LGPS benefits in the XXXX Pension Fund in respect of the rights to which the transfer value relates, including any Safeguarded Rights.
- We have given the member a statement showing the benefits they will be awarded for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. **We enclose a copy of that statement, signed by us and endorsed by the member.**
- The scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).

* delete as appropriate

Please select ONE of the following statements:

 This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.

OR

OR

 This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.

OR

This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation.

OR

 This QROPS is not an occupational scheme but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based.

OR

 This QROPS is not an occupational scheme but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country.

OR

None of the above apply, please insert alternative description and providing scheme documentation:

Plea	ase also delete	one of the following statements:					
	뀨	ne member will be able to access benefits flexi	bly from this QROPS before age 55				
	OR						
0.0	T	ne member will be able to access benefits flexi	bly from this QROPS on or after age 55				
OR	_ .		" " '				
	• H	ne member will not be able to access benefits t	lexibly from this QROPS				
func scho stan take has drav of 6	"Flexible access" means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6 th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015".						
Pay	ment instr	uctions:					
		becomes payable the payment should be made to:					
		uthority to indicate here the information the	y require in order to process the				
		e.g. receiving scheme's bank details, etc]					
Sig			QROPS Stamp				
	name and						
•	ition						
Date	е						

Confirmation of Receipt of Transfer Value Payment by Scheme Manager of a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE S GOVERNMENT PE			ERRING PENSION R	IGHTS FROM TH	IE LOCAL
Surname			Forename(s)		
Principal residentia	al		'		
				T	
National Insurance	Number			Date of birth	
DETAILS OF THE	QUALIFYII	NG RECOGNISED (OVERSEAS PENSIC	N SCHEME (QR	OPS):
Full name of the Q	ROPS:				
QROPS reference	number:				
Full name, official		Name			
business telephon and, where availab	ole,	Address			
electronic mail add					
ine manager or the	, and o	Tel			
		E-mail			
QROPS CONFIRM	ATION:				
In my capacity as so	cheme mar	nager of the above n	amed QROPS, I con	firm that:	
This scheme hat the UK	is not beer	n excluded from beir	ig a QROPS by HM F	Revenue and Cus	toms (HMRC) in
I have received Fund	the full tra	nsfer value payment	of £	from the	e XXXX Pension
I have applied the QROPS named		t to the provision of	retirement benefits fo	or the person nam	ned above in the
Signed			Q	ROPS Stamp	
Full name and					
position					
Date					

Annex 17

Pension Credit Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) Pension Credit rights held in the XXXX Pension Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regist LGPS pension credit righ	ension	schem	ne to w	hich yo	u elect	to trai	nsfer y	our
1 Title								
2 Surname								
3 Forename(s)								
4 Date of birth								
5 National Insurance Number *								
6 Address								
						Post	code	
7 Full name & address of the registered pension scheme								
& scheme administrator (if different) to which you want your LGPS rights in the								
XXXX Pension Fund to be transferred (if more than one								
scheme please give second scheme details on separate								

alreat and indicate in subst	Doot ondo
sheet and indicate in what	Post code
proportions you would like	
the transfer payment to be	
split between the schemes)	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the benefits I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a Pension Credit pension from the LGPS (i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit rights that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- If the scheme(s) to which I elect the cash equivalent transfer value to be paid offers flexible benefits⁹:
 - other than the pension rights to which this transfer relates, I do / do not [please delete as appropriate] have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) LGPS benefits in respect of my own employment) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) LGPS benefits in respect of my own employment) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

⁹ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

money purchase benefit,

cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an
amount available for the provision of benefits to or in respect of the member (whether the amount so
available is calculated by reference to payments made by the member or any other person in respect of the
member or any other factor).

Formal election to transfer my pension credit rights under the LGPS to the registered pension scheme named on this form

• Having considered the choices available to me I elect to XXXX Pension Fund to pay the cash equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund or the LGPS administering authority
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependants will have any further claim in any circumstances or in any form on the XXXX Pension Fund or the LGPS administering authority for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information in this form is	correct and complete.
Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):________.
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is and occupational pension scheme that is:
 - *a self-administered scheme, or
 - *an insured scheme i.e. a pension scheme where all of the income and other assets are invested in policies of insurance
- 'The Scheme' satisfies the requirements of the Pension Sharing (Pension Credit Benefit) Regulations 2000 (SI 2000/1054) and is not disqualified as a destination for a Pension Credit under the Pension Sharing (Implementation and Discharge of Liability) Regulations 2000 (SI 2000/1053).
- 'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'.
- The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits for the member. The member will / will not* be able to access benefits flexibly from 'the Scheme'
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

- The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if
 the scheme administrator has received evidence from a registered medical practitioner that the member
 is, and will continue to be, incapable of carrying on the member's occupation because of physical or
 mental impairment, and the member has in fact ceased to carry on the member's occupation)
- "Flexible access" means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015.
- The Our scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).
- * Delete as appropriate.

Signature of authorised person		Pension Scheme Stamp:
Full name and position		
Date		

PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections.

S	SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE							
	I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)							
Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]								
Signature of authorised person		Date						
Full name and position								
	INSURED SCHEME - PAYMENT CERTIFICAT	ГЕ						
or do not receive evidence If the transfer value becompayment must be made to	I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme). If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'							
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]								
Signature of authorised person		Date						
Full name and position								

Annex 18

Pension Credit Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) Pension Credit rights held in the XXXX Pension Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regist LGPS pension credit right		ension	schem	e to wl	hich yo	u elect	to trai	nsfer y	our
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance Number *									
6 Address	1	•	•			1			
							Post	code	
7 Full name of registered pension scheme & scheme									
administrator address of the Personal Pension Scheme to									
which you want your LGPS rights in the XXXX Pension Fund to be transferred (if									
more than one scheme please give second scheme									

details on separate sheet	Post code
and indicate in what	
proportions you would like	
the transfer payment to be	
split between the schemes)	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the benefits I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a Pension Credit pension from the LGPS (i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension rights benefits that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- If the scheme(s) to which I elect the cash equivalent transfer value to be paid offers flexible benefits 10:
 - other than the pension rights to which this transfer relates, I do / do not [please delete as appropriate] have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) LGPS benefits in respect of my own employment) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) LGPS benefits in respect of my own employment) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

¹⁰ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

money purchase benefit,

cash balance benefit, or

benefit, other than a money purchase benefit or cash balance benefit, calculated by reference to an
amount available for the provision of benefits to or in respect of the member (whether the amount so
available is calculated by reference to payments made by the member or any other person in respect of the
member or any other factor).

Formal election to transfer my pension credit rights under the LGPS to the registered pension scheme name on this form

• Having considered the choices available to me I elect to XXXX Pension Fund to pay the cash equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund or the LGPS administering authority
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect
 of the rights to which the transfer value relates. Neither I nor my dependants will have any further claim in
 any circumstances or in any form on the XXXX Pension Fund or the LGPS administering authority for or
 in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare	the information in this form is o	orrect and complete.
Signed		Date

Request for Payment of a Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

Please complete Parts A, B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of Personal Pension Scheme ('the Scheme')	
Address of Personal Pension Scheme which is to receive the	
transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

I certify that:

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value from the XXXX Pension
- 'The Scheme' is both able and willing to accept the transfer value offered
- 'The Scheme' satisfies the requirements of the Pension Sharing (Pension Credit Benefit) Regulations 2000 (SI 2000/1054) and is not disqualified as a destination for a Pension Credit under the Pension Sharing (Implementation and Discharge of Liability) Regulations 2000 (SI 2000/1053).
- The Scheme is not an occupational pension scheme and is established by a person within section 154(1) of the Finance Act 2004
- 'The Company' is a financial institution.
- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):________.
- I enclose a copy of 'the Scheme's' registration certificate.
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' will use the transfer value to provide rights for the member. I understand that the XXXX
 Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or the
 information provided above or if they do not receive evidence of 'the Scheme's' HMRC registered status
- The member will / will not* be able to access benefits flexibly from 'the Scheme'
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)

"Flexible access" means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015.

- The scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor).
- * Delete as appropriate

Signature of authorised person	Official Company Stamp:
Full name and position	

D - 1 -	
Date	
Dato	

PART C: Payment Details - please complete the section that applies to

your scheme - you must complete one of the two sections.

INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status.

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'

Payment instructions:

If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.

Payment instructions:

If the transfer value becomes payable the payment should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

Annex 19

Pension Credit Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) Pension Credit rights held in the XXXX Pension Fund to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

You must return this form within three months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the reg LGPS pension credit r	d pensi	on sch	eme to	which	you e	lect to	transfe	er your
1 Title								
2 Surname								
3 Forename(s)								
4 Date of birth								
5 National Insurance Number *								
6 Address								
						Pos	tcode	
7 Full name & address of the registered pension								
scheme & scheme administrator (if different) to which you								
want your LGPS rights in the XXXX Pension Fund								
to be transferred (if more than one scheme please								

give second scheme	Post code
details on separate sheet	
and indicate in what	
proportions you would	
like the transfer payment	
to be split between the	
schemes)	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the benefits I hold under the Local Government Pension Scheme (LGPS) in the XXXX Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a Pension Credit pension from the LGPS (i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit rights that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

Formal election to transfer my pension credit rights under the LGPS to the registered pension scheme named on this form

Having considered the choices available to me I elect for XXXX Pension Fund to pay the cash
equivalent transfer value to the scheme(s) I have named on this form (and in the proportions
shown by me if I have indicated that I wish the transfer value to be split between more than one
scheme).

I confirm that, I understand and I accept, that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the XXXX Pension Fund
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the XXXX Pension Fund or the LGPS administering authority
- On payment of the transfer value I will have no further benefits from the XXXX Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependants will have any further claim in any circumstances or in any form on the XXXX Pension Fund or the LGPS administering authority for or in relation to any rights to which the transfer value relates.

To the best	of my	knowledge	and	belief,	I declare	the	information	in	this	form	is	correct	and
complete.													

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of a Defined Benefit Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

	AD THIS CERTIFICATE CAREFULI NOT ACCEPT INCOMPLETE OR UN	LY AND COMPLETE IT FULLY. THE XXXX ISATISFACTORY FORMS.							
I certify that:									
 'The Scheme' is a remaining 		venue and Customs (HMRC), Pension Scheme							
 I enclose a copy of 									
		vith independent confirmation or otherwise that							
	salary related occupational pension scl	heme that was contracted-out on 5 April 2016:							
	ered scheme, or eme i.e. a pension scheme where all o cies of insurance	of the income and other assets are							
2000 (SI 2000/105		Sharing (Pension Credit Benefit) Regulations ration for a Pension Credit under the Pension lations 2000 (SI 2000/1053).							
		ployer that contributes to 'the Scheme' and theor was previously a and left on							
 The member has b will buy in 'the Sche The ECON and SC 'The Scheme' was Contracted-Out Mix 'The Scheme' will a The rate of revalua 	eme'. ON are E and S a Contracted-Out Salary Related Sche ked Benefit Scheme) accept any transferred EPB and/or GM tion 'the Scheme' applies to transferred	of the salary related benefits the transfer value eme (or was the active COSR part of a formerly P and/or section 9(2B) rights							
 Rate/Section 148 C Please also delete 	Orders one of the following statements:								
 The member w 	vill be able to access benefits from th	is scheme before age 55 (even if the scheme stered medical practitioner that the member is,							
		e member's occupation because of physical or							
		eased to carry on the member's occupation							
The member we the scheme adminition is, and will continue.	strator has received evidence from a re	n this QROPS on and after age 55 (or earlier if egistered medical practitioner that the member ember's occupation because of physical or o carry on the member's occupation)							
* Delete as appropriate									
** Delete as appropriat before 6.4.97.	e. Note that Limited Rate revaluation o	an only apply where the member left the LGPS							
Signature of		Pension Scheme Stamp:							
authorised person									
Full name and position									
Date									

PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections.

S	SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE							
	nsion Fund will not pay the transfer value if they are dissatis of 'the Scheme's' HMRC registered pension scheme statu							
[Administering authori	Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]							
Signature of authorised person Date								
Full name and position								
	INSURED SCHEME - PAYMENT CERTIFICAT	E						
I understand the XXXX Per or do not receive evidence	nsion Fund will not pay the transfer value if they are dissatis of 'the Scheme's' HMRC registered pension scheme status	fied with the comp (other than a Stat	eletion of this form tutory Scheme).					
payment must be made to	nes payable I understand that, in accordance with section the Scheme Administrator (as defined in sections 270 to f the policies insuring the benefits in 'the Scheme'							
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]								
Signature of authorised person		Date						
Full name and position								

Annex 21

Pension Credit Member's AVC Transfer Request Form Request for Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Pension Credit rights to be transferred to a QROPS. Return the completed form to us at: [Administering authority to enter relevant address].

The Government has introduced an overseas transfer charge with effect from 9 March 2017. Where the charge applies it is equal to 25% of the actual value of the transfer payment. You will still be able to make a transfer to a QROPS free of UK tax up to the value of your lifetime allowance (i.e. the overseas transfer charge will not apply), where one of the following applies:

- you are resident in the country where the QROPS receiving your transfer is based
- you are resident in a country in the EEA and the QROPS you are transferring to is based in another EEA country
- the QROPS you are transferring to is an occupational pension scheme and you are an employee
 of a sponsoring employer under the scheme at that time
- the QROPS you are transferring to is an overseas public service scheme and you are employed by an employer that participates in that scheme at that time
- the QROPS you are transferring to is a pension scheme of an international organisation and you are employed by that international organisation at that time

You must provide XXXX Pension Fund with all the information requested within this documentation, before the transfer is made, otherwise your transfer will be subject to the overseas transfer charge.

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also:

- a. enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out, and
- b. amend this form to include a version of the administering authority's LTA declaration form / statement]

About you						
1 Title						
2 Surname						
3 Forename(s)						
4 Date of birth						
5 National Insurance (NI)						
Number If you do not qualify for an NI number you must complete question 6.						
6 If you have contacted Jobcentre plus and are not entitled to an NI number, please state the reasons						
why and provide any HMRC reference number:						
7 Principal residential address:						
This must not be a PO Box number or c/o the pension scheme manager						
				P	ostcode	•
8 If the address given above is not in the UK, please also						
provide your last principal residential address in UK:						
				P	ostcode	•
9 If your principal address residential address is outside the UK, please give the date you left the UK						
10 Contact telephone number including						
international dialling code if number is outside the UK						

About the QROPS receiv	/ing tl	he tra	ansfe	er							
11 HMRC reference number. This is the QROPS reference number, allocated to the scheme by HMRC 12 Full name and address of the QROPS to which you want your rights in the AVC Fund to be transferred:											
13 Name of the country or territory under whose law the QROPS is established and regulated (if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):											
14. Is the QROPS receiving the transfer?	Please	e tick t	the app	propri	ate box	(:					
The QROPS you are transferring to will know if they fall within the definition of an 'overseas public service scheme' under regulation 3(1B) or the definition of an	a) b)				Pensio						
'international organisation' under regulation 2(5) of the Pension Schemes (Categories of Country and Requirements for Overseas Pension	c)	An In	ıternat	ional (Organis	satior	1?				
Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206].	d)		e of the								
45.01	(if you	ı tick b	ox 14((d) ple	ase go	to qu	uestion	20)			
15. Name of your current employer											
16. Your current job title											
17. Address of your current employer:											
										Po	ostcode
18. Date your current employment began:											
19. Your current payroll tax reference number (if not known – state 'not known')											

20. Have you been told that you can access some or all of the value of this transfer, either directly or indirectly before you reach the age of 55?	You must tick the appropriate box: Yes No (if you tick 'yes' to the above then unless you are transferring to an overseas public service scheme (box 17(b) or an international organisation (box 17(c) you must provide the information requested in question 21)						
21. Please provide written evidence from the QROPS to which you are transferring, documenting the circumstance(s) in which you are able to access your transferred benefits prior to age 55? Please note, that it is unlikely that you will be able to proceed with this transfer unless the written evidence confirms that the only circumstance you are able to access your transferred benefits prior to age 55 is on health grounds.							

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I am a member of the QROPS named on this form.
- If the QROPS named on this form is an occupational pension scheme, an overseas public service scheme or an international organization, I am in employment to which the QROPS named above applies.
- I have received a statement from the QROPS named on this form showing the benefits the transfer
 payment would buy for me in that scheme and the conditions (if any) on which those benefits
 could be forfeited or withheld.
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a Pension Credit pension derived from AVCs paid to the LGPS (i.e. from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the QROPS named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit AVCs that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

I confirm that, I understand and I accept that:

- The CETV represents the whole of the realisable value of my Pension Credit AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The QROPS named on this form may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under that law on the QROPS or its trustees or administrators to provide any particular value or benefit in return for the transfer payment.
- A CETV representing the realisable value of my Pension Credit AVC Fund, if not a recognised transfer to a qualifying recognised overseas pension scheme, will give rise to a tax liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give rise to a tax liability under section 209 of that Act (unauthorised payments surcharge).
- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- If I subsequently become resident in a different country, within the five full tax years following
 payment of my transfer to the QROPS named in this document, I confirm that, within 60 days of
 the change of residence I will inform XXXX Pension Fund.
- Must pay any tax due to HMRC and provide information relating to taxable transfers.

Formal election to transfer my pension rights under the LGPS to a QROPS

I elect to have the cash equivalent value of my realisable Pension Credit AVC Fund transferred to the QROPS I have named on this form. I understand that:

The benefits the transfer value buys in the QROPS may not be equal or equivalent to those I may
otherwise have become entitled to from the Pension Credit AVC Fund.

- It is my responsibility to ensure that the benefits the transfer value buys in the QROPS are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund or the LGPS administering authority.
- On payment of the transfer value I will be entitled to no further benefits in respect of the rights to
 which the transfer value relates. Neither I nor my dependants will have any further claim in any
 circumstances or in any form on the AVC provider, XXXX Pension Fund or the LGPS
 administering authority for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that, I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different
 tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u> called
 "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u>-benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

To the best of my knowledge and belief, I declare the information given in this form is correct and complete.

Signed	Date	

Certification by Receiving Scheme Manager in Respect of a Transfer to a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE AVC ARRANGEMENT UNDER THE LOCAL GOVERNMENT PENSION SCHEME (LGPS):						
Surname			Forename(s)			
Principal residential address						
National Insurance Number				Date of birth		
DETAILS OF THE QROPS TO	WHICH THE TRA	NSFER	PAYMENT IS	TO BE MADE:		
Full name of the QROPS:						
Name of country or territory under whose law the QROPS is established and regulated:						
QROPS reference number (this is the QROPS reference number, allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged):						
Full name, official address,	Name					
business telephone number and, where available, electronic mail address of the manager of the QROPS:	Address					
	Tel					
	E-mail					
Reference (if any):		•				

QROPS CERTIFICATE:

In my capacity as scheme manager of the above named QROPS, I certify that:

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and
 has not been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. I
 enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS. I will let
 you know immediately if the scheme is excluded from being a QROPS at any time before the transfer
 takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the scheme, to the extent that they consist of the member's relevant transfer fund, or ring-fenced transferred funds are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied (as modified by the Pensions Schemes (Application of UK Provisions to Relevant Non-UK Schemes) Regulations 2006 [SI 2006/207]), or if payable earlier, are only payable in the circumstances in which they would have been authorised member payments if they were made by a registered pension scheme. In addition, I confirm that I satisfy regulation 3(1)(b) of those regulations [Si 2006/206].
- Both the member and we understand that the transfer value represents the whole of the member's Pension Credit AVC Fund in respect of the rights to which the transfer value relates, including any Safequarded Rights.
- We have given the member a statement showing the benefits we will award for the transfer payment
 and the conditions (if any) on which those benefits could be forfeited or withheld. We enclose a copy
 of that statement, signed by us and endorsed by the member.

Please select ONE of the following statements:

- This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.
- This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.
 OR
- This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation.
- This QROPS is not an occupational scheme but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based.
- This QROPS is not an occupational scheme but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country.
 OR

None of the above apply, please insert alternative description and providing scheme documentation:	

Payment instru	uctions:						
If the transfer value becomes payable the payment should be made to:							
[Administering authority to indicate here the information they require in order to process the							
transfer payment	transfer payment e.g. receiving scheme's bank details, etc]						
Signed		QROPS Stamp					
Full name and							
position							
Date							

Confirmation of Receipt of Transfer Value Payment by Scheme Manager of a Qualifying Recognised Overseas Pension Scheme (QROPS)

DETAILS OF THE S					HE AVC
Surname			Forename(s	· ,	
Principal residenti address	al		<u> </u>		
National Insurance	e Number			Date of birth	
DETAILS OF THE	QUALIFYII	NG RECOGNISED (OVERSEAS PENSI	ON SCHEME (QR	OPS):
Full name of the Q	ROPS:				
QROPS reference	number:				
Full name, official		Name			
business telephon and, where availab electronic mail add the manager of the	ole, dress of	Address			
		Tel			
		E-mail			
QROPS CONFIRM	ATION:				
In my capacity as so	cheme mar	nager of the above n	amed QROPS, I co	nfirm that:	
This scheme hat the UK	as not beer	n excluded from beir	g a QROPS by HM	Revenue and Cus	stoms (HMRC) in
I have received	the full tran	nsfer value payment	of £		
I have applied the QROPS named		nt to the provision of	retirement benefits	for the person nan	ned above in the
Signed				QROPS Stamp	
Full name and					
position					
Date					

Annex 22

Pension Credit Member's AVC Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Pension Credit rights to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

N h a 4 a a . a . 4 h a a		!			ما د ! مارد،			£	
About you and the regist			n scne	eme to	wnicn	you e	ect to tra	anster	your
_GPS pension credit AV	C Fund								
Title									
2 Surname									
Forename(s)									
Date of birth									
National Insurance									
lumber *									
Address									
							Pos	tcode	
Full name & address of the									
egistered pension scheme									
scheme administrator (if									
ifferent to which you want									
our AVC Fund to be									
ransferred (if more than one									
cheme please give second									
cheme details on separate									
heet and indicate in what									
roportions you would like							Pos	st code	
he transfer payment to be									
split between the schemes)	i								

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs granted to me following a divorce or dissolution of a civil partnership
- In addition to the rights I am electing to transfer to the scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit AVCs that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

Formal election to transfer my LGPS pension credit AVC Fund to the registered pension scheme named on this form

• Having considered the choices available to me I elect that the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I understand that:

- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependants may otherwise have become entitled to from the AVC Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits in respect of the rights to which the transfer value relates. Neither I nor my dependants will have any further claim in any circumstances or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u> called "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u>-benefits from the scheme to
 which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which
 income from a pension is taxable depends on the amount of income I receive from a pension and from
 other sources.

To the best of my knowledge and belief, I declare the information given in this form is correct and complete.

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the transfer value:	
	Postcode

			AD THIS CERTIFICATE CAREFULLY AND COM				
-	PE	NSION FUND WILL	NOT ACCEPT INCOMPLETE OR UNSATISFACTO	ORY FORMS.			
	l ce	rtify that:					
	•	'The Scheme' is a r Tax Reference (PS	egistered pension scheme with HM Revenue and Cu TR):	stoms (HMRC), Pension Scheme			
	•	I enclose a copy of Scheme].	of 'the Scheme's' registration certificate [not require	ed if 'the Scheme' is a Statutory			
	•	I authorise HMRC 'the Scheme' is reg	to provide the XXXX Pension Fund with independe istered with them.	ent confirmation or otherwise tha			
	•		occupational pension scheme:				
			ered scheme, or eme i.e. a pension scheme where all of the income sies of insurance	and other assets are			
	•	2000 (SI 2000/105	fies the requirements of the Pension Sharing (Per 4) and is not disqualified as a destination for a Petation and Discharge of Liability) Regulations 2000 (ension Credit under the Pensior			
	•	*The member nam	ed in Part A is an employee of an employer that cola member of 'the Scheme' on	ntributes to 'the Scheme' and the			
	•		th able and willing to accept the transfer value offere				
	•		een given a statement showing details of the benefits				
	•	The member's tran member.	sfer value accepted by 'the Scheme' will be used t	to provide transfer credits for the			
	•		one of the following statements:				
			rill be able to access benefits from this scheme be ot has received evidence from a registered medica				
			ue to be, incapable of carrying on the member's or				
			ent, and the member has not in fact ceased to carry	on the member's occupation			
	_	<u>OR</u>	The state of the few services to self to few self to ODODG				
	•		vill only be able to access benefits from this QROPS strator has received evidence from a registered med				
			e to be, incapable of carrying on the member's or				
	mental impairment, and the member has in fact ceased to carry on the member's occupation)						
	*	Delete as appropriate					
	_	nature of		Pension Scheme Stamp:			
	aut	horised person					
ŀ	Ful	I name					
		l position					
ŀ	Dat	e					

PART C: Payment Details – please complete the section that applies to

your scheme – you must complete one of the two sections.

S	SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE				
	ension Fund will not pay, or instruct its AVC provider to tion of this form or do not receive evidence of 'the Scheme's ry Scheme)				
Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]					
Signature of authorised person		Date			
Full name and position					
	INSURED SCHEME - PAYMENT CERTIFICAT	ΓΕ			
	ension Fund will not pay, or instruct its AVC provider to tion of this form or do not receive evidence of 'the Scheme's ry Scheme).				
If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'					
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]					
Signature of authorised person		Date			
Full name and position					

Annex 23

Pension Credit Member's AVC Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Pension Credit rights to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the regist pension credit AVC Fund	nsion t	o whi	ch you	elect t	o trans	fer you	ır LGF	PS
1 Title								
2 Surname								
3 Forename(s)								
4 Date of birth								
5 National Insurance Number *								
6 Address						Doct		
						Post	coae	
7 Full name & address of the registered personal pension scheme & scheme administrator (if different) to which you want your AVC Fund to be transferred (if more than one scheme please give second scheme								
details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)						Post	code	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs granted to me following a divorce or dissolution of a civil partnership
- In addition to the rights I elect to transfer to the pension scheme named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit AVCs that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

Formal election to transfer my LGPS pension credit AVC Fund to the registered pension scheme named on this form

• Having considered the choices available to me I elect that the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I understand that:

- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependants may otherwise have become entitled to from the AVC Fund
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits in respect of the rights to which the transfer value relates. Neither I nor my dependants will have any further claim in any circumstances or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u> called "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u> benefits from the scheme to
 which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which
 income from a pension is taxable depends on the amount of income I receive from a pension and from
 other sources.

To the best	of my	knowledge	and be	lief, l	l declare	the	information	given	in this	form	is	correct	and
complete.													

Signed	Date

Request for Payment of a Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

Please complete Parts A, B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of Personal Pension Scheme ('the Scheme')	
Address of Personal Pension Scheme which	
is to receive the transfer value:	
	Postcode

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE XXXX PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

I certify that:

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value
- 'The Scheme' is both able and willing to accept the transfer value offered
- 'The Scheme' satisfies the requirements of the Pension Sharing (Pension Credit Benefit) Regulations 2000 (SI 2000/1054) and is not disqualified as a destination for a Pension Credit under the Pension Sharing (Implementation and Discharge of Liability) Regulations 2000 (SI 2000/1053).
- The Scheme is not an occupational pension scheme and is established by a person within section 154(1) of the Finance Act 2004
- 'The Company' is a financial institution.
- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):
- I enclose a copy of 'the Scheme's' registration certificate.
- I authorise HMRC to provide the XXXX Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' will use the transfer value to provide rights for the member.
- I understand that the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value
 if they are dissatisfied with the completion of this form or the information provided above or if they do not
 receive evidence of 'the Scheme's' HMRC registered status
- Please also delete one of the following statements:
 - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator not has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has not in fact ceased to carry on the member's occupation

OR

The member will only be able to access benefits from this QROPS on and after age 55 (or earlier if the
scheme administrator has received evidence from a registered medical practitioner that the member is, and
will continue to be, incapable of carrying on the member's occupation because of physical or mental
impairment, and the member has in fact ceased to carry on the member's occupation)

Signature of authorised person	Official Company Stamp:
Full name and position	
Date	

PART C: Payment Details - please complete the section that applies to

your scheme - you must complete one of the two sections.

INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status.

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'

Payment instructions:

If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE

I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.

Payment instructions:

If the transfer value becomes payable the payment should be made to:

[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]

Signature of authorised person	Date	
Full name and position		

Annex 24

Pension Credit Member's AVC Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Pension Credit rights to be transferred to another scheme. Return the completed form to us at: [Administering authority to enter relevant address]

Please note that we cannot pay, or instruct our AVC provider to pay, the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which [administering authority to enter appropriate wording e.g.

- you should get your new scheme to complete and return to you so that you can attach it to this form, or
- we have asked your new scheme to complete and return to the Pensions Section]

[The administering authority should also enter information here on any other actions the scheme member needs to take to comply with the administering authority's working practices when dealing with transfers out]

About you and the reg	istered	l pensi	on sch	eme to	which	ı you e	lect to	transf	er your
LGPS pension credit A						_			-
1 Title									
2 Surname									
3 Forename(s)									
4 Date of birth									
5 National Insurance									
Number *									
6 Address	J	!	•	•	•	•	!	•	
							Pos	tcode	
7 Full name of registered pension scheme &									
scheme administrator address of the scheme to									
which you want your AVC Fund to be transferred (if									
more than one scheme please give second									
scheme details on									

separate sheet and	Post code
indicate in what	
proportions you would	
like the transfer payment	
to be split between the	
schemes)	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by XXXX and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [please delete as appropriate] already in receipt of a pension or annuity derived from AVCs granted to me following a divorce or dissolution of a civil partnership
- In addition to the rights I elect to transfer to the pension scheme named on this form, I hold / do
 not hold [please delete as appropriate] any other LGPS pension credit AVCs that are not in
 payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil
 partnership)

Formal election to transfer my LGPS pension credit AVC Fund to the registered pension scheme name on this form

Having considered the choices available to me I elect that the realisable value of my AVC Fund
to be transferred to the scheme(s) I have named on this form (and in the proportions shown by
me if I have indicated that I wish the transfer value to be split between more than one scheme).

I understand that:

- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependants may otherwise have become entitled to from the AVC Fund
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, XXXX Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits in respect of the rights to which the
 transfer value relates. Neither I nor my dependants will have any further claim in any circumstances
 or in any form on the AVC provider, XXXX Pension Fund, the LGPS administering authority or my
 former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different
 tax implications and I have been made aware of the guidance at
 <u>www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</u> called
 "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with <u>flexibly</u> accessing <u>flexible</u> benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

To the best of my knowledge and belief,	I declare the information	given on this form	is correct and
complete			

Signed	Date

Request for Payment of a Transfer Value from Administrators / Trustees of a Defined Benefit Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

Please complete Parts A and B and the relevant section in Part C.

Then return the completed form to:

[Administering authority to enter appropriate info]

PART A	PLEASE COMPLETE THIS PART IN ALL CASES:
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of New Pension Scheme ('the Scheme')	
Address of New Pension Scheme which is to receive the	
transfer value:	
	Postcode

		AD THIS CERTIFICATE CAREFULLY AND COMPONENT OF THE STATE			
l ce	rtify that:				
•	'The Scheme' is a r	egistered pension scheme with HM Revenue and CuTR):	ustoms (HMRC), Pension Scheme		
•		of 'the Scheme's' registration certificate [not require	ed if 'the Scheme' is a Statutory		
•	I authorise HMRC 'the Scheme' is reg	to provide the XXXX Pension Fund with independent istered with them.	ent confirmation or otherwise that		
•	'The Scheme' is a salary related occupational pension scheme that was contracted-out on 5 April 2016: - *a self-administered scheme, or - *an insured scheme i.e. a pension scheme where all of the income and other assets are invested in policies of insurance				
•	2000 (SI 2000/105	sfies the requirements of the Pension Sharing (Pe 4) and is not disqualified as a destination for a P tation and Discharge of Liability) Regulations 2000 (ension Credit under the Pension		
•		ed in Part A is an employee of an employer that co a member of 'the Scheme' on			
•		th able and willing to accept the transfer value offer			
•	The member has be buy in 'the Scheme	een given a statement showing details of the defin'.	ed benefits the transfer value wil		
•	The ECON and SC	ON are E and S	.		
•	_'The Scheme' was	a Contracted-Out Salary Related Scheme (or was the definition of the second second contract the second seco			
•		one of the following statements:			
		vill be able to access benefits from this scheme be			
		ot has received evidence from a registered medicate to be, incapable of carrying on the member's o			
		nent, and the member has not in fact ceased to carry			
	OR		•		
•		vill only be able to access benefits from this QROPS			
		strator has received evidence from a registered med			
		e to be, incapable of carrying on the member's occur and the member has in fact ceased to carry on the			
	mentarimpairment	and the member has in fact ceased to carry on the	member s occupation)		
* D	elete as appropriate				
Sig	nature of		Pension Scheme Stamp:		
	horised person				
	l name				
and	l position				
Dat	e				

PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections.

SELF ADMINISTERED SCHEME - PATMENT CERTIFICATE				
I understand the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)				
Payment instructions: If the transfer value becomes payable the payment should be made to: [Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]				
Signature of authorised person		Date		
Full name and position				
	INSURED SCHEME - PAYMENT CERTIFICAT	ΓE		
I understand the XXXX Pension Fund will not pay, or instruct its AVC provider to pay, the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme).				
If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'				
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:				
[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]				
Signature of authorised person		Date		

Full name and position		