



Local Government Pensions Committee  
Secretary, Jeff Houston

## LGPC Bulletin 92 – April 2012

As promised in [Bulletin 91](#), this Bulletin includes additional background information and updated pro-forma transfer out declaration forms to cover:

- a) transfers to QROPS as a result of [the Registered Pension Schemes and Overseas Pension Schemes \(Miscellaneous Amendments\) Regulations 2012 \[SI 2012/884\]](#), and
- b) transfers to formerly contracted-out defined contribution schemes as a result of the ending, as of 6 April 2012, of contracting-out for defined contribution schemes.

Please contact Terry Edwards with any comments on the contents of this Bulletin. [LGPC contacts](#) can be found at the end of this Bulletin.

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## The Registered Pension Schemes and Overseas Pension Schemes (Miscellaneous Amendments) Regulations 2012

### [The Registered Pension Schemes and Overseas Pension Schemes \(Miscellaneous Amendments\) Regulations 2012 \[SI 2012/884\]](#)

were laid before the House of Commons on 21 March 2012 and came into force on 6 April 2012. SI 2012/884 amends four existing Statutory Instruments, namely:

- the Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206];
- the Pension Schemes (Information Requirements – Qualifying Overseas Pension Schemes, Qualifying Recognised Overseas Pension Schemes and Corresponding Relief) Regulations 2006 [SI 2006/208];
- the Registered Pension Schemes (Provision of Information) Regulations 2006 [SI 2006/567]; and
- the Registered pension Schemes and Overseas Pension Schemes (Electronic Communication of Returns and Information) Regulations 2006 [SI 2006/570].

The main amendments were summarised in [Bulletin 91](#). The pro-forma transfer out declaration forms for transfers to a QROPS have been updated to take account of relevant amendments contained in SI 2012/884 and relate to transfers requested by a member on or after 6 April 2012. The updated disclaimer forms can be found in [Annex 1](#) to this Bulletin.

It should be noted that regulation 3 of the Registered Pension Schemes (Provision of Information) Regulations 2006 [SI 2006/567] has been amended with regard to the QROPS information the LGPS administering authority has to provide to HMRC in the event report of reportable events that have occurred during the reporting year. The revised information is shown in the table below and relates to transfers requested by a member on or after 6 April 2012. The event report in respect of a QROPS transfer must be provided to HMRC within 60 days beginning with the day of the transfer to which it relates. It should also be noted that the Registered Pension Schemes and Overseas Pension Schemes (Electronic Communication of Returns and Information) Regulations 2006 [SI 2006/570] have been amended to provide that the event report for a transfer to a QROPS does not have to be submitted to HMRC by electronic means.

Reportable event	Information to include in event report
<p><b>9. Transfers to qualifying recognised overseas pension schemes</b> The scheme makes a recognised transfer to a qualifying recognised overseas pension scheme (“QROPS”) which is not a registered pension scheme.</p>	<p>The name and national insurance number of the member, together with – (a) the member’s principal residential address and, where that address is not in the United Kingdom, the member’s last principal residential address in the United Kingdom; (b) the member’s date of birth; (c) the member’s telephone number, if any, which the member has provided to the scheme administrator for use by the Commissioners in relation to the scheme;</p>

	<p>(d) the member's acknowledgement in writing that the member is aware that a transfer other than a recognised transfer to a qualifying recognised overseas pension scheme of sums or assets held for the purposes of, or representing accrued rights under, an arrangement under a registered pension scheme—</p> <ul style="list-style-type: none"> <li>(i) gives rise to a liability under section 208 of the Finance Act 2004 (unauthorised payments charge); and</li> <li>(ii) may give rise to a liability under section 209 of that Act (unauthorised payments surcharge)</li> </ul> <p>(e) the date of the recognised transfer;</p> <p>(f) in the case of a transfer of sums, the amount of the sums;</p> <p>(g) in the case of a transfer of assets, a description and valuation of each type of asset transferred including the value of any unquoted shares, quoted shares and real property;</p> <p>(h) the name and address of the QROPS to which the sums or assets have been transferred;</p> <p>(i) the country or territory under the law of which the QROPS is established and regulated; and</p> <p>(j) the name, address, business telephone number and, where available, the electronic mail address of the manager of the QROPS.</p>
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### Ending of contracting-out for defined contribution schemes

As mentioned in [Bulletin 51](#), section 15 of the Pensions Act 2007 abolishes contracting-out for occupational and personal pension schemes that had contracted-out on a money purchase basis. Additionally, the Pensions Act 2008 permits the removal of all rules and restrictions attaching to accrued protected rights. The necessary Statutory Instruments<sup>1</sup> to implement these changes have been made and came into effect on 6 April 2012.

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<sup>1</sup> The Pensions Act 2007 (Abolition of Contracting-out for Defined Contribution Pension Schemes) (Consequential Amendments) Regulations 2011 [SI 2011/1245]; The Pensions Act 2008 (Abolition of Protected Rights) (Consequential Amendments) Order 2011 [SI 2011/1246]; The Pensions Act 2008 (Commencement No. 10) Order 2011 [2011/1266]; The Pensions Act 2007 (Commencement No. 4) Order 2011 [2011/1267]; The Pensions Act 2007 (Abolition of Contracting-out for Defined Contribution Pension Schemes) (Consequential Amendments) (No. 2) Regulations 2011 [SI 2011/1724]; The Pensions Act 2008 (Abolition of Protected Rights) (Consequential Amendments) (No. 2) Order 2011 [SI 2011/1730]; The Occupational Pension Schemes (Contracting-out and Modification of Schemes) (Amendment) Regulations 2012 [SI 2012/542]; and The Pensions Act 2008 (Abolition of Protected Rights) (Consequential Amendments) (No.2) (Amendment) Order 2012 [SI 2012/709].

Protected rights will cease to exist and will become ordinary Defined Contribution scheme benefits. Contracting-out certificates for Contracted-out Money Purchase Scheme (COMPs) and for appropriate personal pension schemes (APPs) will be automatically cancelled as from 6 April 2012. The result will be that, from that date, members of schemes that had been contracted-out on a money purchase basis will be contracted back into the state second pension and will start to build up entitlement to a state second pension. If a scheme has both a Defined Benefit and a Defined Contribution section and both sections are covered by a single contracting-out certificate, the certificate will remain valid but only for the Defined Benefit section of the scheme.

The net result of all this for LGPS administering authorities is that, whereas transfers into the LGPS from contracted-out Defined Contribution schemes would, prior to 6 April 2012, have included protected rights, such transfers from formerly contracted out Defined Contribution schemes will no longer include any protected rights (so no contracted-out liability will be created in the LGPS and, as this includes pre 1997 rights, no GMP liability will be taken on by the LGPS). Transfers in will therefore no longer need to be split between pre 6 April 1997 / post 5 April 1997 rights and sending schemes will no longer have to obtain a Contracted-Out Deduction (COD) figure.

Additionally, whereas prior to 6 April 2012, transfers from the LGPS to contracted-in schemes (which COMP and APP schemes will become on 6 April 2012) could only be in respect of the pre 6 April 1997 benefits in excess of the GMP, transfers to contracted-in schemes will, as from 6 April 2012, now be permitted in full i.e. the pre 6 April 1997 GMP, the pre 6 April 1997 benefits in excess of the GMP and the post 5 April 1997 section 9(2B) rights can all be transferred. This is provided for in Regulation 6 of the Pensions Act 2007 (Abolition of Contracting-out for Defined Contribution Pension Schemes) (Consequential Amendments) Regulations 2011 [SI 2011/1245] which substitutes new regulations 5 and 10 into the Contracting-out (Transfer and Transfer Payment) Regulations 1996 [SI 1996/1462].

Regulation 5 will permit a transfer payment in respect of a GMP to an occupational or personal pension scheme which is not a salary-related contracted-out scheme, an overseas scheme or an overseas arrangement provided a number of conditions are met. These are:

- the member consents in writing; and
- the transfer payment (whether or not it forms part of a larger payment in respect of both guaranteed minimum pensions and other rights) is of an amount at least equal to the cash equivalent of the earner's accrued rights to guaranteed minimum pensions, as calculated and verified in a manner consistent with regulations made under section 97 of the 1993 Act (calculation of cash equivalents); and
- the member acknowledges in writing to the transferring scheme that the member:
  - o has received a statement from the receiving scheme which details the benefits to be provided in respect of the transfer payment; and

- o accepts the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the transferring scheme; and
- o accepts there is no statutory requirement on the receiving scheme to provide survivor's benefits out of the transfer payment.

Regulation 10 imposes similar conditions where the member wishes to transfer out benefits in respect of section 9(2B) rights to an occupational or personal pension scheme which is not a salary-related contracted-out scheme, an overseas scheme or an overseas arrangement. These are:

- the member consents in writing;
- the member acknowledges in writing to the transferring scheme that the member:
  - o has received a statement from the receiving scheme which details the benefits to be provided in respect of the transfer payment; and
  - o accepts the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the transferring scheme; and
  - o accepts there is no statutory requirement on the receiving scheme to provide survivor's benefits out of the transfer payment.

Whilst one might have expected that regulation 80 of the LGPS (Administration) Regulations 2008 and regulation 75 of the LGPS (Administration) (Scotland) Regulations 2009 would need to be amended to permit such transfers it appears that, due to a drafting error in sub-paragraph (4) of those Regulations (i.e. the inclusion of the words "non-contracted out"), no amendment is required to allow such transfers.

In [Bulletin 91](#) we reported that NISPI had confirmed the above and set out the procedures to be followed in relation to forms CA1888 and CA1889. An extract from the NISPI email is reproduced below.

*"I can confirm that with the abolition of contracting-out for Defined Contribution schemes there will no longer be any APP or COMP schemes from 6 April 2012. As a consequence, members of COSR schemes will no longer have the option to transfer to an APP or COMP scheme. However, new legislation will also come into force on 6 April 2012 which will allow for the transfer of GMP or section 9(2B) rights to a non contracted-out scheme.*

*We have amended our CA1888 and CA1889 forms to cater for this:*

- *A unique scheme number of A7990001X will be used in all cases to identify the receiving scheme as a non contracted-out scheme – the specific scheme details are not required.*
- *An additional declaration has been added to make clear that the scheme has confirmed that:*
  - o *the member has acknowledged that they have had statement of benefits from the new scheme in respect of the transfer payment, and*

- o they accept that the benefits provided by the new scheme may be in a different form and of a different amount to those which would have been payable by the transferring scheme. Particularly that there will no longer a requirement for the new scheme to provide survivor benefits.

The new forms will be available on the internet from 6 April 2012 -

[http://www.hmrc.gov.uk/nic/forms/ni\\_services-form.htm](http://www.hmrc.gov.uk/nic/forms/ni_services-form.htm)

*I can also confirm that from 6 April 2012 if a transfer is made from a scheme that was (prior to abolition) a COMP or an APP scheme, the rights being transferred will, at that stage, be non-protected rights and therefore will not create a contracted-out liability in the importing COSR scheme. This includes pre 1997 rights – the COSR scheme will have no liability to pay a GMP.”*

To reflect the above changes, the pro-forma transfer out declaration forms for transfers to a contracted-in scheme have been updated. Those for a transfer to a contracted-in occupational pension scheme can be found at [Annex 2](#) to this Bulletin and those for a transfer to a contracted-in personal pension scheme can be found at [Annex 3](#).

### Revised transfer out declaration forms

The opportunity has also been taken to update the remaining pro-forma transfer out declaration forms. The full list is shown below.

[Annex 1](#) - transfer to a QROPS

[Annex 2](#) - transfer to a contracted-in occupational pension scheme

[Annex 3](#) - transfer to a contracted-in personal pension scheme

[Annex 4](#) - transfer to a contracted-out defined benefit occupational pension scheme

[Annex 5](#) - transfer to a Buy-Out policy

Annex 6 - transfer out of a Pension Credit member's benefits to:

[6A](#) - a QROPS

[6B](#) - a contracted-in occupational pension scheme

[6C](#) - a contracted-in personal pension scheme

[6D](#) - a contracted-out defined benefit occupational pension scheme

[6E](#) - a Buy-Out policy

### Information to optants out

If administering authorities issue any information to LGPS members considering opting out which refers to personal pensions and stakeholder pensions being capable of being used to contract out of the State Second Pension (S2P), then such literature will need to be updated to reflect that such schemes can, as of 6 April 2012, no longer be used for such a purpose.

## 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 (including any additional voluntary contributions you made) 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Principal residential address	
	Postcode
If the address given above is not in the UK, please also provide your last principal residential address in UK	
	Postcode
Contact telephone number (if any) including international dialling code if number is outside the UK	
Former employer	
Leaving date	

<p><b>Present status:</b></p>	<p><b>Please tick the appropriate box:</b></p> <p>I am currently married; <input type="checkbox"/></p> <p>I am currently in a civil partnership; <input type="checkbox"/></p> <p>I have nominated a co-habiting partner to be entitled to a benefit under the LGPS; <input type="checkbox"/></p> <p>Or</p> <p>None of the above apply <input type="checkbox"/></p> <p><b>(for example, you are single, a widow or widower, divorced, etc)</b></p> <p>Notes:</p> <p>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.</p> <p>2. If you have nominated a co-habiting partner to be covered by the LGPS please attach <b>[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]</b></p>
<p><b>Full name and address of the QROPS to which you want your rights in the XXXX Pension Fund to be transferred :</b></p>	<p></p> <p></p> <p></p> <p></p>
<p><b>Name of the country or territory under whose law the QROPS is established and regulated :</b></p>	<p></p>



**DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE**

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 an occupational pension scheme, 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 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, and any additional voluntary contributions I made.
- 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 liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give rise to a liability under section 209 of that Act (unauthorised payments surcharge)

I wish 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 any rights to which the transfer value relates

I have not rejoined the LGPS within one month and one day of ceasing membership of the LGPS.

<b>Signed</b>		<b>Date</b>	
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## Certification by Receiving Scheme Manager in Respect of a Transfer to a Qualifying Recognised Overseas Pension Scheme (QROPS)

<b>DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE LOCAL GOVERNMENT PENSION SCHEME (LGPS):</b>			
Surname		Forename(s)	
Principal residential address			
National Insurance Number		Date of birth	
<b>DETAILS OF THE QROPS TO WHICH THE TRANSFER PAYMENT IS TO BE MADE :</b>			
Full name of the QROPS:			
Name of country or territory under whose law the QROPS is established and regulated:			
QROPS reference number:			
Full name, official address, business telephone number and, where available, electronic mail address of the manager of the QROPS:	Name		
	Address		
	Tel		
	E-mail		
Reference (if any):			
<b>QROPS CERTIFICATE:</b>			
In my capacity as manager of the above named QROPS, I certify that:			
<ul style="list-style-type: none"> <li>• This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has <b>not</b> been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. <b>I enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS.</b> I will let you know immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.</li> <li>• 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.</li> <li>• Both the member and we understand that the transfer value represents the whole of the member's LGPS benefits in the <b>XXXX</b> 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 the member made.</li> <li>• 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. <b>We enclose a copy of that statement, signed by us and endorsed by the member.</b></li> </ul>			
Please delete ONE of the following statements:			
<ul style="list-style-type: none"> <li>• 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</li> <li>• This QROPS is not an occupational pension scheme but the person named above is a member of this QROPS.</li> </ul>			
<b>Payment instructions:</b>			
If the transfer value becomes payable the payment should be made to: <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b>			
Signed		<b>QROPS Stamp</b>	
Full name and position			
Date			

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

<b>DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE LOCAL GOVERNMENT PENSION SCHEME (LGPS):</b>			
<b>Surname</b>		<b>Forename(s)</b>	
<b>Principal residential address</b>			
<b>National Insurance Number</b>		<b>Date of birth</b>	

<b>DETAILS OF THE QUALIFYING RECOGNISED OVERSEAS PENSION SCHEME (QROPS):</b>		
<b>Full name of the QROPS:</b>		
<b>QROPS reference number:</b>		
<b>Full name, official address, business telephone number and, where available, electronic mail address of the manager of the QROPS:</b>	<b>Name</b>	
	<b>Address</b>	
	<b>Tel</b>	
	<b>E-mail</b>	

<b>QROPS CONFIRMATION:</b>		
<p>In my capacity as manager of the above named QROPS, I confirm that:</p> <ul style="list-style-type: none"> <li>• This scheme has <b>not</b> been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK</li> <li>• I have received the full transfer value payment of £_____ from the <b>XXXX</b> Pension Fund</li> <li>• I have applied the payment to the provision of retirement benefits for the person named above in the QROPS named above.</li> </ul>		
<b>Signed</b>		<b>QROPS Stamp</b>
<b>Full name and position</b>		
<b>Date</b>		

## Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Non Contracted-out Occupational 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 (including any additional voluntary contributions you made) 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Former employer</b>	
<b>Leaving date</b>	

<p><b>Present status</b></p>	<p><b>Please tick the appropriate box:</b></p> <p>I am currently married; <input type="checkbox"/></p> <p>I am currently in a civil partnership; <input type="checkbox"/></p> <p>I have nominated a co-habiting partner to be entitled to a benefit under the LGPS; <input type="checkbox"/></p> <p>Or</p> <p>None of the above apply <input type="checkbox"/></p> <p><b>(for example, you are single, a widow or widower, divorced, etc)</b></p> <p>Notes:</p> <p>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.</p> <p>2. If you have nominated a co-habiting partner to be covered by the LGPS please attach <b>[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]</b></p>					
<p><b>Full name &amp; address of the 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 and indicate in what proportions you would like the transfer payment to be split between the schemes)</b></p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr> <td style="text-align: right; vertical-align: bottom;"><b>Post code</b></td> </tr> </table>					<b>Post code</b>
<b>Post code</b>						

**DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE**

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.
- Having considered the choices available to me I wish **XXXX** Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made) 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 understand 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 any rights to which the transfer value relates.

I have not rejoined the LGPS within one month and one day of leaving

Signed

Date

## Request for Payment of a Transfer Value from Administrators / Trustees of a Non Contracted-out Occupational Pension Scheme 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]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of New Pension Scheme ('the Scheme')</b>	
<b>Address of New Pension Scheme which is to receive the transfer value:</b>	
	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 / is not\*** a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012.
- 'The Scheme' 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] or regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33]
- The member named in Part A is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on \_\_\_\_\_.
- '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'.
- If 'the Scheme' is a money purchase scheme, any part of the member's transfer value accepted by 'the Scheme' will be used to provide money purchase benefits for the member.

\* *Delete as appropriate.*

<b>Signature of authorised person</b>		<b>Pension Scheme Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		



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

**– you must complete one of the two sections.**

<b>SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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)</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable the payment should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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).</p>			
<p>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'</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

## Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Non Contracted-out 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 (including any additional voluntary contributions you made) 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Former employer</b>	
<b>Leaving date</b>	

<p><b>Present status</b></p>	<p><b>Please tick the appropriate box:</b></p> <p>I am currently married; <input type="checkbox"/></p> <p>I am currently in a civil partnership; <input type="checkbox"/></p> <p>I have nominated a co-habiting partner to be entitled to a benefit under the LGPS; <input type="checkbox"/></p> <p>Or</p> <p>None of the above apply <input type="checkbox"/></p> <p><b>(for example, you are single, a widow or widower, divorced, etc)</b></p> <p>Notes:</p> <p>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.</p> <p>2. If you have nominated a co-habiting partner to be covered by the LGPS please attach <b>[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]</b></p>					
<p><b>Full name &amp; 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 and indicate in what proportions you would like the transfer payment to be split between the schemes)</b></p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px; text-align: right;"><b>Post code</b></td></tr> </table>					<b>Post code</b>
<b>Post code</b>						

**DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE**

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.
- Having considered the choices available to me I wish **XXXX** Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made) 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 understand 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 any rights to which the transfer value relates.

I have not rejoined the LGPS within one month and one day of leaving

Signed

Date

## Request for Payment of a Transfer Value from Administrators of a Non Contracted-out 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]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of Personal Pension Scheme ('the Scheme')</b>	
<b>Address of Personal Pension Scheme which is to receive the transfer value:</b>	
	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 12 of the Occupational Pension Scheme (Transfer Values) Regulations 1996 (SI 1996/1847) or regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33].
- '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 money purchase benefits for the member.
- The Scheme **is / is not\*** a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012.
- 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

\* *Delete as appropriate*

<b>Signature of authorised person</b>		<b>Official Company Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

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

**– you must complete one of the two sections.**

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where <b>all</b> the income and other assets of the scheme are invested in policies of insurance.</p> <p>I understand the <b>XXXX</b> 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.</p> <p>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'</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

<b>SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I certify that 'the Scheme' is <b>not</b> an "insured scheme" i.e. it is <b>not</b> a pension scheme where <b>all</b> the income and other assets of the scheme are invested in policies of insurance.</p> <p>I understand the <b>XXXX</b> 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'.</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable the payment should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

## Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Contracted-out Defined Benefit Occupational 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 (including any additional voluntary contributions you made) 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Former employer</b>	
<b>Leaving date</b>	



<p><b>Present status</b></p>	<p><b>Please tick the appropriate box:</b></p> <p><b>I am currently married;</b> <input type="checkbox"/></p> <p><b>I am currently in a civil partnership;</b> <input type="checkbox"/></p> <p><b>I have nominated a co-habiting partner to be entitled to a benefit under the LGPS;</b> <input type="checkbox"/></p> <p><b>Or</b></p> <p><b>None of the above apply</b> <input type="checkbox"/></p> <p><b>(for example, you are single, a widow or widower, divorced, etc)</b></p> <p>Notes:</p> <p>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.</p> <p>2. If you have nominated a co-habiting partner to be covered by the LGPS please attach <b>[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]</b></p>					
<p><b>Full name &amp; address of the 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 and indicate in what proportions you would like the transfer payment to be split between the schemes)</b></p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="text-align: right; vertical-align: top;"><b>Post code</b></td> </tr> </table>					<b>Post code</b>
<b>Post code</b>						

**DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE**

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.
- Having considered the choices available to me I wish **XXXX** Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made) 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 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, 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 any rights to which the transfer value relates.

I have not rejoined the LGPS within one month and one day of leaving

Signed

Date

## Request for Payment of a Transfer Value from Administrators / Trustees of a Contracted-out Defined Benefit Occupational Pension Scheme 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]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of New Pension Scheme ('the Scheme')</b>	
<b>Address of New Pension Scheme which is to receive the transfer value:</b>	
	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 / is not\*** a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012.
- 'The Scheme' 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] or regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33]
- The member named in Part A is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on \_\_\_\_\_.
- '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 ECON and SCON are E \_\_\_\_\_ and S \_\_\_\_\_.
- 'The Scheme' is a Contracted-Out Salary Related Scheme (or the active COSR part of a Contracted-Out Mixed Benefit Scheme)
- The member became contracted out in relation to 'the Scheme' on \_\_\_\_\_.
- 'The Scheme' will accept any transferred EPB and/or GMP and/or section 9(2B) rights
- The rate of revaluation 'the Scheme' applies to transferred in GMPs is **\*\*Limited Rate/Fixed Rate/Section 148 Orders**

*\* Delete as appropriate.*

*\*\* Delete as appropriate. Note that Limited Rate revaluation can only apply where the member left the LGPS before 6.4.97.*

<b>Signature of authorised person</b>		<b>Pension Scheme Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

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

**– you must complete one of the two sections.**

<b>SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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)</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable the payment should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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).</p>			
<p>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'</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

## Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Buy-Out Policy

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the **XXXX** Pension Fund (including any additional voluntary contributions you made) to be transferred to a Buy-Out Policy. 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Former employer</b>	
<b>Leaving date</b>	

<b>Present status</b>	<p><b>Please tick the appropriate box:</b></p> <p><b>I am currently married;</b> <input type="checkbox"/></p> <p><b>I am currently in a civil partnership;</b> <input type="checkbox"/></p> <p><b>I have nominated a co-habiting partner to be entitled to a benefit under the LGPS;</b> <input type="checkbox"/></p> <p><b>Or</b></p> <p><b>None of the above apply</b> <input type="checkbox"/></p> <p><b>(for example, you are single, a widow or widower, divorced, etc)</b></p> <p>Notes:</p> <p>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.</p> <p>2. If you have nominated a co-habiting partner to be covered by the LGPS please attach <b>[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]</b></p>					
<b>Full name &amp; address of the scheme to which you want your LGPS rights in the XXXX Pension Fund to be transferred</b>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="text-align: right;"><b>Post code</b></td></tr> </table>					<b>Post code</b>
<b>Post code</b>						
<p><b>DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE</b></p> <p>I declare that:</p> <ul style="list-style-type: none"> <li>• I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the <b>XXXX</b> Pension Fund and details of the cash equivalent transfer value (CETV) of them.</li> <li>• I have received a statement from the scheme 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.</li> <li>• *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.</li> <li>• Having considered the choices available to me I wish <b>XXXX</b> Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made) to the scheme I have named on this form.</li> </ul>						

I understand that:

- The benefits the transfer value buys in the new scheme 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 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 any rights to which the transfer value relates.

I have not rejoined the LGPS within one month and one day of leaving

Signed

Date



# Request for Payment of a Transfer Value from Administrators of a Buy-Out Policy and Receiving Scheme Discharge Form

## Instructions to administrators of the Buy-Out Policy:

Please complete **Parts A** and **B**.

Then return the completed form to:

**[Administering authority to enter appropriate info]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of Insurance Company ('the Company')</b>	
<b>Address of Insurance Company which is to receive the transfer value:</b>	
	Postcode

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

**DECLARATION BY THE INSURANCE COMPANY ('THE COMPANY') PROVIDING THE BUY-OUT POLICY ('THE POLICY')**

I certify that:

- The person named in Part A has been given details of the benefits the transfer will buy under 'the Policy' and has authorised 'the Company' to accept the transfer value from the **XXXX** Pension Fund.
- 'The Company' is an insurance company i.e.
  - (a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to effect or carry out contracts of long-term insurance; or
  - (b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule (as a result of qualifying for authorisation under paragraph 12 of that Schedule) to effect or carry out contracts of long-term insurance.
- 'The Company' is both able and willing to accept the transfer value offered.
- 'The Policy' satisfies the requirements of the Occupational Pension Scheme (Discharge of Liability) Regulations 1997 (SI 1997/784) and of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 (SI 1996/1847).
- 'The Policy' **\*is / is not\*** an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.
- 'The Policy' is a registered pension scheme under HM Revenue and Customs (HMRC) legislation, Pension Scheme Tax Reference (PSTR): \_\_\_\_\_.
- I enclose a copy of 'the Policy's' registration certificate.
- I authorise HMRC to provide the **XXXX** Pension Fund with independent confirmation or otherwise that 'the Policy' is registered with them.
- 'The Company' will use the transfer value to secure relevant benefits for this person under 'the Policy' that fully comply with HMRC and DWP requirements.
- 'The Company' warrants that the benefits provided by 'the Policy' satisfy all HMRC statutory requirements and, both separately and in aggregate, are approvable in both form and amount by HMRC.
- 'The Policy' **\*is / is not\*** an appropriate policy.

\* *Delete as appropriate*

This section to be completed **only if** 'the Policy' is an appropriate policy **and** it is to be used to accept liability for any guaranteed minimum pension (GMP) included in the transfer value.

'The Policy' is an appropriate policy and any GMP liability included in the transfer value will be accepted, appropriately secured (within the meaning of section 19 of the Pension Schemes Act 1993) and revalued at the Fixed Rate. The SCON for 'the Policy' is S\_\_\_\_\_.

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, if the payment is to an "insured scheme" it 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 under 'the Policy'

**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]**

<b>Signature of authorised person</b>		<b>Official Company Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

## 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) 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Principal residential address</b>	
	<b>Postcode</b>
<b>If the address given above is not in the UK, please also provide your last principal residential address in UK</b>	
	<b>Postcode</b>
<b>Contact telephone number (if any) including international dialling code if number is outside the UK</b>	
<b>Full name and address of the QROPS to which you want your rights in the <b>XXXX</b> Pension Fund to be transferred :</b>	
<b>Name of the country or territory under whose law the QROPS is established and regulated :</b>	

**DECLARATION AND REQUEST 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 an occupational pension scheme, 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 understand and 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 liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give rise to a liability under section 209 of that Act (unauthorised payments surcharge)

I wish 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 any rights to which the transfer value relates

<b>Signed</b>		<b>Date</b>	
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## 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 LOCAL GOVERNMENT PENSION SCHEME (LGPS):			
Surname		Forename(s)	
Principal residential address			
National Insurance Number		Date of birth	
DETAILS OF THE QROPS TO WHICH THE TRANSFER 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:			
Full name, official address, business telephone number and, where available, electronic mail address of the manager of the QROPS:	Name		
	Address		
	Tel		
	E-mail		
Reference (if any):			
QROPS CERTIFICATE:			
<p>In my capacity as manager of the above named QROPS, I certify that:</p> <ul style="list-style-type: none"> <li>• This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has <b>not</b> been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. <b>I enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS.</b> I will let you know immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.</li> <li>• 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.</li> <li>• Both the member and we understand that the transfer value represents the whole of the member's LGPS benefits in the <b>XXXX</b> Pension Fund in respect of the rights to which the transfer value relates, including any Safeguarded Rights.</li> <li>• 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. <b>We enclose a copy of that statement, signed by us and endorsed by the member.</b></li> </ul> <p>Please delete ONE of the following statements:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• This QROPS is not an occupational pension scheme but the person named above is a member of this QROPS.</li> </ul>			
Payment instructions:			
<p>If the transfer value becomes payable the payment should be made to:  <span style="color: red;"><b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></span></p>			
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)

<b>DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE LOCAL GOVERNMENT PENSION SCHEME (LGPS):</b>			
<b>Surname</b>		<b>Forename(s)</b>	
<b>Principal residential address</b>			
<b>National Insurance Number</b>		<b>Date of birth</b>	

<b>DETAILS OF THE QUALIFYING RECOGNISED OVERSEAS PENSION SCHEME (QROPS):</b>		
<b>Full name of the QROPS:</b>		
<b>QROPS reference number:</b>		
<b>Full name, official address, business telephone number and, where available, electronic mail address of the manager of the QROPS:</b>	<b>Name</b>	
	<b>Address</b>	
	<b>Tel</b>	
	<b>E-mail</b>	

<b>QROPS CONFIRMATION:</b>		
<p>In my capacity as manager of the above named QROPS, I confirm that:</p> <ul style="list-style-type: none"> <li>• This scheme has <b>not</b> been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK</li> <li>• I have received the full transfer value payment of £_____ from the <b>XXXX</b> Pension Fund</li> <li>• I have applied the payment to the provision of retirement benefits for the person named above in the QROPS named above.</li> </ul>		
<b>Signed</b>		<b>QROPS Stamp</b>
<b>Full name and position</b>		
<b>Date</b>		

## Pension Credit Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Non Contracted-out Occupational 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Full name &amp; address of the scheme to which you want your LGPS rights in the <b>XXXX</b> 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)</b>	
	<b>Post code</b>

**DECLARATION AND REQUEST 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.
- Having considered the choices available to me I wish **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 understand 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 any rights to which the transfer value relates.

Signed

Date



## Request for Payment of a Transfer Value from Administrators / Trustees of a Non Contracted-out Occupational Pension Scheme 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]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of New Pension Scheme ('the Scheme')</b>	
<b>Address of New Pension Scheme which is to receive the transfer value:</b>	
	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 / is not\*** a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012.
- 'The Scheme' 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 member named in Part A is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on \_\_\_\_\_.
- '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'.
- If 'the Scheme' is a money purchase scheme, any part of the member's transfer value accepted by 'the Scheme' will be used to provide money purchase benefits for the member.

\* *Delete as appropriate.*

<b>Signature of authorised person</b>		<b>Pension Scheme Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

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

**– you must complete one of the two sections.**

<b>SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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)</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable the payment should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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).</p>			
<p>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'</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

## Pension Credit Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Non Contracted-out 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Full name &amp; address of the Personal Pension Scheme to which you want your LGPS rights in the <b>XXXX</b> 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)</b>	
	<b>Post code</b>

**DECLARATION AND REQUEST 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.
- Having considered the choices available to me I wish **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 understand 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 any rights to which the transfer value relates.

Signed

Date

## Request for Payment of a Transfer Value from Administrators of a Non Contracted-out 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]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of Personal Pension Scheme ('the Scheme')</b>	
<b>Address of Personal Pension Scheme which is to receive the transfer value:</b>	
	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' 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 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 money purchase benefits for the member.
- The Scheme **is / is not\*** a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012.
- 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

\* *Delete as appropriate*

<b>Signature of authorised person</b>		<b>Official Company Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

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

**– you must complete one of the two sections.**

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where <b>all</b> the income and other assets of the scheme are invested in policies of insurance.</p> <p>I understand the <b>XXXX</b> 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.</p> <p>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'</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

<b>SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I certify that 'the Scheme' is <b>not</b> an "insured scheme" i.e. it is <b>not</b> a pension scheme where <b>all</b> the income and other assets of the scheme are invested in policies of insurance.</p> <p>I understand the <b>XXXX</b> 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'.</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable the payment should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			



## Pension Credit Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Contracted-out Defined Benefit Occupational 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 if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. 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]**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Full name &amp; address of the scheme to which you want your LGPS rights in the <b>XXXX</b> 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)</b>	
	<b>Post code</b>

**DECLARATION AND REQUEST 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.
- Having considered the choices available to me I wish **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 understand 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 any rights to which the transfer value relates.

Signed

Date

## Request for Payment of a Transfer Value from Administrators / Trustees of a Contracted-out Defined Benefit Occupational Pension Scheme 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]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of New Pension Scheme ('the Scheme')</b>	
<b>Address of New Pension Scheme which is to receive the transfer value:</b>	
	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 / is not\*** a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012.
- 'The Scheme' 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 member named in Part A is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on \_\_\_\_\_.
- '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 ECON and SCON are E \_\_\_\_\_ and S \_\_\_\_\_.
- 'The Scheme' is a Contracted-Out Salary Related Scheme (or the active COSR part of a Contracted-Out Mixed Benefit Scheme)
- The member became contracted out in relation to 'the Scheme' on \_\_\_\_\_.
- 'The Scheme' will accept any transferred EPB and/or GMP and/or section 9(2B) rights
- The rate of revaluation 'the Scheme' applies to transferred in GMPs is **\*\*Limited Rate/Fixed Rate/Section 148 Orders**

*\* Delete as appropriate.*

*\*\* Delete as appropriate. Note that Limited Rate revaluation can only apply where the member left the LGPS before 6.4.97.*

<b>Signature of authorised person</b>		<b>Pension Scheme Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

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

**– you must complete one of the two sections.**

<b>SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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)</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable the payment should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the <b>XXXX</b> 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).</p>			
<p>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'</p>			
<p><b>Payment instructions:</b>                      If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:  <b>[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</b></p>			
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

## Pension Credit Member's Transfer Request Form

### Request for Payment of Cash Equivalent Transfer Value to a Buy-Out Policy

<p>Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the <b>XXXX</b> Pension Fund to be transferred to a Buy-Out Policy. Return the completed form to us at: <b>[Administering authority to enter relevant address]</b></p> <p>You must return this form within three months after the calculation date shown on your transfer value statement if you want us to pay the amount we have quoted. If we receive this form later we will recalculate the transfer value and pay the new amount. That could be more or less than the original figure. Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which <b>[administering authority to enter appropriate wording e.g.</b></p> <ul style="list-style-type: none"> <li>- <b>you should get your new scheme to complete and return to you so that you can attach it to this form, or</b></li> <li>- <b>we have asked your new scheme to complete and return to the Pensions Section]</b></li> </ul> <p><b>[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]</b></p>	
<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>National Insurance Number *</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Full name &amp; address of the scheme to which you want your LGPS rights in the <b>XXXX</b> Pension Fund to be transferred</b>	
	<b>Post code</b>

**DECLARATION AND REQUEST 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 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.
- \*If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- Having considered the choices available to me I wish **XXXX** Pension Fund to pay the cash equivalent transfer value to the scheme I have named on this form.

I understand that:

- The benefits the transfer value buys in the new scheme 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 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 any rights to which the transfer value relates.

Signed

Date

# Request for Payment of a Transfer Value from Administrators of a Buy-Out Policy and Receiving Scheme Discharge Form

## Instructions to administrators of the Buy-Out Policy:

Please complete **Parts A** and **B**.

Then return the completed form to:

**[Administering authority to enter appropriate info]**

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES:</b>
<b>Member's Full Name</b>	
<b>Member's date of birth</b>	
<b>Member's NI Number</b>	
<b>Name of Insurance Company ('the Company')</b>	
<b>Address of Insurance Company which is to receive the transfer value:</b>	
	Postcode



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

**DECLARATION BY THE INSURANCE COMPANY ('THE COMPANY') PROVIDING THE BUY-OUT POLICY ('THE POLICY')**

I certify that:

- The person named in Part A has been given details of the benefits the transfer will buy under 'the Policy' and has authorised 'the Company' to accept the transfer value from the **XXXX** Pension Fund.
- 'The Company' is an insurance company i.e.
  - (a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to effect or carry out contracts of long-term insurance; or
  - (b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule (as a result of qualifying for authorisation under paragraph 12 of that Schedule) to effect or carry out contracts of long-term insurance.
- 'The Company' is both able and willing to accept the transfer value offered.
- 'The Policy' 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 Policy' **\*is / is not\*** an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.
- 'The Policy' is a registered pension scheme under HM Revenue and Customs (HMRC) legislation, Pension Scheme Tax Reference (PSTR): \_\_\_\_\_.
- I enclose a copy of 'the Policy's' registration certificate.
- I authorise HMRC to provide the **XXXX** Pension Fund with independent confirmation or otherwise that 'the Policy' is registered with them.
- 'The Company' will use the transfer value to secure relevant benefits for this person under 'the Policy' that fully comply with HMRC and DWP requirements.
- 'The Company' warrants that the benefits provided by 'the Policy' satisfy all HMRC statutory requirements and, both separately and in aggregate, are approvable in both form and amount by HMRC.
- 'The Policy' **\*is / is not\*** an appropriate policy.

\* *Delete as appropriate*

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, if the payment is to an "insured scheme" it 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 under 'the Policy'

**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]**

<b>Signature of authorised person</b>		<b>Official Company Stamp:</b>
<b>Full name and position</b>		
<b>Date</b>		

## Useful Links

[The LGE Pensions page](#)

[The LGPS members' website](#)

[LGPS Discretions](#) lists all the potential discretions available within the LGPS in England and Wales, and Scotland.

[Qualifying Recognised Overseas Pension Schemes](#) approved by HMRC and who agreed to have their details published.

[The Timeline Regulations](#)

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## Distribution sheet

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