Form 8

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

To be completed by the member:

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in Derbyshire Pension Fund to be transferred to another scheme. Return the completed form to us at:

Derbyshire Pension Fund
County Hall
Matlock
DE4 3AH

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

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which we have asked your new scheme to complete and return to Derbyshire Pension Fund.

ABOUT YOU AND THE REGISTERED PENSION SCHEME YOU ARE ELECTING TO TRANSFER YOUR LGPS BENEFITS TO	
1 Title	
2 Surname	
3 Forename(s)	
4 Date of birth	
5 National Insurance Number	
6 Address	
	Postcode
7 Name of former employer to which this transfer relates	
8 date of leaving LGPS active membership to which this transfer relates	

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Derbyshire Pension Fund
County Hall, Matlock, DE4 3AH
derbyshirepensionfund.org.uk

9 Full name & address of the registered pension scheme & scheme administrator (if different) to which you want your LGPS rights in the Derbyshire Pension Fund to be transferred *(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes)*	
	Post code

DECLARATION AND ELECTION 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 Derbyshire Pension Fund and details of the cash equivalent transfer value (CETV) of them.

- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.

- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.

- I **am / am not [*please delete as appropriate*]** already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

- In addition to the rights I am electing to transfer to the registered pension scheme named on this form, I **hold / do not hold [*please delete as appropriate*]** any other LGPS pension rights that are not in payment (other than a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

- I **am / am not [*please delete as appropriate*]** still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)

- I am a member of the occupational scheme I am electing to transfer to
  Yes / No [*delete as appropriate*]

- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No [*delete as appropriate*]**

- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No [*delete as appropriate*]**

FORMAL ELECTION TO TRANSFER MY PENSION RIGHTS UNDER THE LGPS TO THE REGISTERED PENSION SCHEME NAMED ON THIS FORM

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

I confirm that, I understand and I accept that

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

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

Signed   **Date**

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

To be completed by the receiving scheme manager:

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:

Derbyshire Pension Fund
County Hall
Matlock
DE4 3AH

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

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derbyshirepensionfund.org.uk

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. DERBYSHIRE 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 Derbyshire Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.

- 'The Scheme' is a salary-related occupational pension scheme that was contracted-out on 5 April 2016 and is *[delete as appropriate]*
  - **a self-administered scheme, or**
  - **an insured scheme** i.e. a pension scheme where all of the income and other assets are invested in policies of insurance

- 'The Scheme' meets the requirements of Regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847]

- The 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 _____, **or** was previously a member of the receiving scheme and joined on _____ and left on_____

[Delete as appropriate (if the transfer includes a GMP and / or section 9(2B) rights, this cannot be deleted if the transfer is to a salary-related formerly contracted-out occupational pension scheme).]

- 'The Scheme' is both able and willing to accept the transfer value offered.

- The member has been given a statement showing details of the salary-related benefits the transfer value will buy in 'the Scheme'.

- The ECON and SCON are E _____ and S _____.

- 'The Scheme' was a Contracted-Out Salary Related Scheme (or was the active COSR part of a formerly Contracted-Out Mixed Benefit Scheme)

- '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 (Limited Rate revaluation can only apply where the member left the LGPS before 6.4.97)]*

- **Please also delete one of the following statements:**
  - The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator has not received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, or the scheme administrator has received such evidence but the member has not in fact ceased to carry on the member's occupation)
  - **OR**
  - The member will only be able to access benefits from this scheme on or after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)

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

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

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE

I understand Derbyshire Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)

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

[Please provide payee and BACS details]

Sort Code:

Account Number:

Account Payee:

Please also provide details of where any acknowledgment should be sent:

Signature of authorised person		Date	
Full name and position			

INSURED SCHEME - PAYMENT CERTIFICATE

I understand the Derbyshire Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme).

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

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

[Please provide payee and BACS details]

Sort Code:

Account Number:

Account Payee:

Please also provide details of where any acknowledgment should be sent:

Signature of authorised person		Date	
Full name and position			