

CONTROLLED ONCE COMPLETED



VOLUNTARY RETIREMENT ESTIMATE REQUEST

Section 1 – Yo	our personal o	letails							
Surname					Title				
Forename(s)						ne			
Address									
Date of birth		dd/mm/yyyy	Nationa	ıl Insurance nu	ımber				
Email			Employ	er					
Employee number	er		Post ref	f (if applicable))				
Section 2 – Your declaration									
Prospective retire	ement date			dd/mm/yyy	y				
I wish to receive an estimate of what my voluntary retirement benefits will be at the proposed date, which is within the next 2 years. I will be between 55 and 75 years old on this date.									
Signature*					Date	dd/mm/yyyy			
If sections 1 and 2 have been completed by the employer (or their payroll provider), please select this box to confirm that this is on the instructions of the employee.									
After completing sections 1 and 2, this form should be given to your employer's payroll team for them to complete sections 3, 4 and 5. Incomplete forms won't be accepted. If you don't wish your employer to see this request, you can calculate your pension benefits using My Pension Online. See our website for more information: www.derbyshirepensionfund.org.uk									
Section 3 – Employer's pay data									
Contracted hour	s	Full time equivalent hours			Pay	Payment days/weeks			
Please provide an estimate of the Final Pay for the period of 365 days prior to the proposed retirement date. This is the average full-time equivalent pay (reduced for payment pays if term time working etc.) Don't include pay for non-contractual overtime or pay at standard rate for additional hours worked by part-timers.									
Estimated Final Pay (2008 definition)									
Please provide an estimate of the actual yearly pay leading up to the proposed retirement date. Only include regular allowances.									
Estimated annual rate of CARE pay (2014 definition)					Maii	Main or 50/50 Section			
Section 3a – Employers <u>not</u> using i-Connect									
Employers not using i-Connect also need to provide the actual pay received from 1 April up to the end of the last full month . For periods of unpaid absence or Assumed Pensionable Pay (APP), please provide details in section 4.									
Last full month (e.g. June)	Main Section basic pay since April (inc any APP)	additiona since A	al pay April	50/50 Section basic pay since April (inc any APF	ac	ddition since	ection al pay April es etc.)		Total



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Section 4 - Employer's Notes

Please include the dates of any periods of 50/50 Section membership. Also include details of any Unpaid Absences* and APP.

If any actuarial reduction to the employee's benefits is to be voluntarily waived, please state the amount(s) or periods that will be waived.

Periods of unpaid absence are those for which the member has not paid Additional Pension Contributions (APC) to uy back lost pension.

Section 5 - Employer's declaration

I certify that I am an authorised signatory as notified to Derbyshire Pension Fund and that the information supplied is correct.

Signature*	Date	dd/mm/yyyy
Name	Phone	
Job title	Email	

Employer: Once **fully completed** please send to **dpf.employers@derbyshire.gov.uk** or Derbyshire Pension Fund, County Hall, Matlock DE4 3AH.

If sending by email, you are responsible for the security of the personal data supplied on this form.

*Signing your form

You can sign this form in Microsoft Edge by selecting "Draw" on the toolbar. You can then save the form so it can be attached to an email.

If you are using another internet browser, download or save the form and then select "Fill & Sign" in Adobe Acrobat, or "Annotate" if using another PDF viewer. You can then add your signature.



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VOLUNTARY RETIREMENT ESTIMATE REQUEST

Guidance for members

We can only provide an estimate of benefits if you are within 2 years of your proposed retirement date.

We can provide one estimate in any 12 month period, additional requests will not be actioned.

The estimate will be returned to your home address.

Estimates are produced within 2 months of receipt of the request; however, they are typically completed much sooner.

Once you have completed sections 1 and 2 of the form you should forward it to your employer's payroll department for completion of sections 3, 4 and 5.

If you have forwarded your estimate request to your employer and have any queries regarding its progress, please contact your employer in the first instance.

If you wish to receive an estimate in confidence or wish to view estimates at different retirement dates, you can use My Pension Online, which is accessible from: wwww.derbyshirepensionfund.org.uk.

An estimate does not constitute a legal right to the benefits indicated and is provided for information only. On retirement your benefits will be calculated using information provided by your employer at that time.

Guidance for employers and their payroll providers

This form is for voluntary retirement only. For other types of retirement, please use the Redundancy, flexible retirement and serious ill health estimate request form.

Incomplete forms will be returned. Estimates cannot be produced without pensionable pay data.

You need to provide an estimate of the Final Pay, which is usually the full-time equivalent pay for the 365 days up to the proposed date of leaving.

The estimated annual rate of CARE (or actual) pay, is used for the projection of the member's benefits up to the proposed date of leaving; you will need to select the section of the LGPS to use for the projection.

If you are not currently completing monthly data submissions using i-Connect, you will also need to complete section 3a. The data required is the pay that the employee has received from 1st April preceding the date of the quote request, up to the last full month before the date of the request.

If the employer wishes to waive any actuarial reduction to the member's benefits (at an unavoidable cost to the employer), please annotate this in the notes section and state the amount(s)/periods that will be waived.

Please ensure that the declaration has been completed by a person notified to Derbyshire Pension Fund as an authorised signatory, otherwise the form will be returned.

Final Pay - LGPS 2008 definition of pensionable pay

This is the full-time equivalent pensionable pay and includes actual pensionable allowances paid but does not include non-contractual overtime payments or payments at standard rate for additional hours worked by part-timers.

CARE Pay - LGPS 2014 definition of pensionable pay

This is the actual pay received and includes all pensionable allowances, contractual overtime, and non-contractual overtime payments. It also includes payments at standard rate for additional hours worked by part-timers.

Sections of the LGPS - Main and 50/50

There are two sections of the LGPS; the Main Section where the member pays the full rate of pension contributions and receives the full rate of pension for each period of membership and the 50/50 Section, where the member pays half the contributions and receives half pension for each period of membership in the 50/50 section.