Local Government Pensions Committee
Secretary, Jeff Houston

LGPC Bulletin 97 – January 2013

Bulletin 92 (April 2012) included updated pro-forma transfer out declaration forms. As a result of comments received, further changes have been made as follows:

- the QROPS transfer forms (Annex 1 and Annex 6A) have been updated to include –

  i) a declaration from the member acknowledging that in some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK. This reflects the wording used on HMRC Form APSS263;

  ii) a note at the beginning of the form reminding the administering authority to amend the form to include a version of the administering authority's lifetime allowance (LTA) declaration form / statement. This enables the LGPS administering authority to gather information from the member to determine whether the member has sufficient lifetime allowance to cover the amount being transferred and is needed because a QROPS transfer counts as a benefit crystalisation event (BCE8). Failure by the member to confirm that they have sufficient lifetime allowance available may result in a lifetime allowance charge being payable at the rate of 25% on the chargeable amount.

- to remove *"The Scheme is / is not* a formerly contracted-out Scheme that ceased to be contracted out on 6 April 2012"* from Part B of the receiving scheme administrator / trustee discharge form in Annexes 2, 3, 4, 6B, 6C and 6D (as they are irrelevant and serve no useful purpose)

A full set of (updated) pro-forma transfer out declaration forms is attached to this Bulletin i.e.

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

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

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

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Principal residential address *This must not be a PO Box number or c/o the pension scheme manager*	
	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	

Present status:	
	Please tick the appropriate box:
	I am currently married; ☐
	I am currently in a civil partnership; ☐
	I have nominated a co-habiting partner to be entitled to ☐
	a benefit under the LGPS;
	Or
	None of the above apply ☐
	(for example, you are single, a widow or widower, divorced, etc)
	Notes:
	1. If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly.
	2. If you have nominated a co-habiting partner to be covered by the LGPS please attach **[Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]**
Full name and address of the QROPS to which you want your rights in the XXXX Pension Fund to be transferred :	
Name of the country or territory under whose law the QROPS is established and regulated :	

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

- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.

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.

Signed		**Date**	

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

DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE 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 *(this is the QROPS reference number, allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged)*:		
Full name, official address, 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:

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

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has **not** been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. **I enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS.** I will let you know immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Both the member and we understand that the transfer value represents the whole of the member's LGPS benefits in the **XXXX** Pension Fund in respect of the rights to which the transfer value relates, including any Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights and any additional voluntary contributions the member made.
- We have given the member a statement showing the benefits we will award for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. **We enclose a copy of that statement, signed by us and endorsed by the member.**

Please delete ONE of the following statements:
- This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.
  OR
- This QROPS is not an occupational pension scheme but the person named above is a member of this QROPS.

Payment instructions:

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

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

Signed		**QROPS Stamp**
Full name and position		

Date	

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

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 QUALIFYING RECOGNISED OVERSEAS PENSION SCHEME (QROPS):

Full name of the QROPS:		
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	

QROPS CONFIRMATION:

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

- This scheme has **not** been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK

- I have received the full transfer value payment of £_____ from the **XXXX** Pension Fund

- I have applied the payment to the provision of retirement benefits for the person named above in the QROPS named above.

Signed		QROPS Stamp
Full name and position		
Date		

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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]

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

Present status	Please tick the appropriate box: I am currently married; ☐ I am currently in a civil partnership; ☐ I have nominated a co-habiting partner to be entitled to a benefit under the LGPS; ☐ Or None of the above apply ☐ (for example, you are single, a widow or widower, divorced, etc) Notes: 1. If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly. 2. If you have nominated a co-habiting partner to be covered by the LGPS please attach **[Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]**
Full name & 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)	 Post code

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]

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

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

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR): _____ .

- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].

- I authorise HMRC to provide the **XXXX** Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.

- 'The Scheme' is:
  - *** 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.*

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

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

– you must complete one of the two sections.

<table>
<tr><td colspan="3" align="center">**SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE**</td></tr>
<tr><td colspan="3">I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)</td></tr>
<tr><td colspan="3">**Payment instructions:**
If the transfer value becomes payable the payment should be made to:
[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</td></tr>
<tr><td>**Signature of authorised person**</td><td></td><td>**Date**</td></tr>
<tr><td>**Full name and position**</td><td colspan="2"></td></tr>
</table>

<table>
<tr><td colspan="3" align="center">**INSURED SCHEME - PAYMENT CERTIFICATE**</td></tr>
<tr><td colspan="3">I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme).

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'</td></tr>
<tr><td colspan="3">**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]</td></tr>
<tr><td>**Signature of authorised person**</td><td></td><td>**Date**</td></tr>
<tr><td>**Full name and position**</td><td colspan="2"></td></tr>
</table>

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]

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

Present status	Please tick the appropriate box:	
	I am currently married;	☐
	I am currently in a civil partnership;	☐
	I have nominated a co-habiting partner to be entitled to a benefit under the LGPS;	☐
	Or	
	None of the above apply	☐
	(for example, you are single, a widow or widower, divorced, etc)	
	Notes:	
	1. If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly.	
	2. If you have nominated a co-habiting partner to be covered by the LGPS please attach **[Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]**	
Full name & 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)		
	Post code	

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]

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

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

I certify that:
- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value from the **XXXX** Pension Fund
- 'The Scheme' is both able and willing to accept the transfer value offered
- The Scheme' meets the requirements of regulation 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.
- 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*

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

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

INSURED SCHEME - PAYMENT CERTIFICATE
I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance. I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status. If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: **[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]**

Signature of authorised person		**Date**	
Full name and position			

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE
I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance. I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.
Payment instructions: If the transfer value becomes payable the payment should be made to: **[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]**

Signature of authorised person		**Date**	
Full name and position			

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]

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

Present status	
	Please tick the appropriate box:
	I am currently married; ☐
	I am currently in a civil partnership; ☐
	I have nominated a co-habiting partner to be entitled to a benefit under the LGPS; ☐
	Or
	None of the above apply ☐
	(for example, you are single, a widow or widower, divorced, etc)
	Notes:
	1. If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly.
	2. If you have nominated a co-habiting partner to be covered by the LGPS please attach **[Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]**
Full name & 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)	
	Post code

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]

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

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

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):_____ .
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the **XXXX** Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is:
   - *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.*

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

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

– you must complete one of the two sections.

<table>
<tr><td colspan="4" align="center">SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE</td></tr>
<tr><td colspan="4">I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)</td></tr>
<tr><td colspan="4">Payment instructions:
If the transfer value becomes payable the payment should be made to:
[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</td></tr>
<tr><td>Signature of authorised person</td><td></td><td>Date</td><td></td></tr>
<tr><td>Full name and position</td><td colspan="3"></td></tr>
</table>

<table>
<tr><td colspan="4" align="center">INSURED SCHEME - PAYMENT CERTIFICATE</td></tr>
<tr><td colspan="4">I understand the XXXX Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme).

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'</td></tr>
<tr><td colspan="4">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]</td></tr>
<tr><td>Signature of authorised person</td><td></td><td>Date</td><td></td></tr>
<tr><td>Full name and position</td><td colspan="3"></td></tr>
</table>

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]

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

Present status		
	Please tick the appropriate box:	
	I am currently married;	☐
	I am currently in a civil partnership;	☐
	I have nominated a co-habiting partner to be entitled to a benefit under the LGPS;	☐
	Or	
	None of the above apply	☐
	(for example, you are single, a widow or widower, divorced, etc)	
	Notes:	
	1. If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly.	
	2. If you have nominated a co-habiting partner to be covered by the LGPS please attach **[Administering authority to enter information required by the administering authority to verify that the cohabitation conditions have been met for 2 years as at the relevant date]**	
Full name & address of the scheme to which you want your LGPS rights in the XXXX Pension Fund to be transferred		
		Post code

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 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 (including the transfer value of any additional voluntary contributions I made) 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, 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]

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

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

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]**

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

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

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Principal residential address *This must not be a PO Box number or c/o the pension scheme manager*	
	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	
Full name and address of the QROPS to which you want your rights in the XXXX Pension Fund to be transferred :	
Name of the country or territory under whose law the QROPS is established and regulated :	

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

- In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.

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.

Signed		**Date**	

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

DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE 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 *(this is the QROPS reference number, allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged)*:		
Full name, official address, 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:

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

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has **not** been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. **I enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS.** I will let you know immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Both the member and we understand that the transfer value represents the whole of the member's LGPS benefits in the **XXXX** Pension Fund in respect of the rights to which the transfer value relates, including any Safeguarded Rights.
- We have given the member a statement showing the benefits we will award for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. **We enclose a copy of that statement, signed by us and endorsed by the member.**

Please delete ONE of the following statements:
- This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS.
  OR
- This QROPS is not an occupational pension scheme but the person named above is a member of this QROPS.

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

Date	

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

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 QUALIFYING RECOGNISED OVERSEAS PENSION SCHEME (QROPS):

Full name of the QROPS:		
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	

QROPS CONFIRMATION:

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

- This scheme has **not** been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK

- I have received the full transfer value payment of £_____ from the **XXXX** Pension Fund

- I have applied the payment to the provision of retirement benefits for the person named above in the QROPS named above.

Signed		QROPS Stamp
Full name and position		
Date		

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]

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Address	
	Postcode
Full name & 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)	
	Post code

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]

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

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

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR): _____ .
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the **XXXX** Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is:
  - * **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.*

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

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

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)			
Payment instructions: If the transfer value becomes payable the payment should be made to: **[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]**			
Signature of authorised person		**Date**	
Full name and position			

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

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]

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Address	
	Postcode
Full name & 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)	
	Post code

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]

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

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

I certify that:

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value from the **XXXX** Pension Fund
- 'The Scheme' is both able and willing to accept the transfer value offered
- 'The Scheme' 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.
- 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*

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

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

– you must complete one of the two sections.

<table>
<tr><td colspan="4" align="center">**INSURED SCHEME - PAYMENT CERTIFICATE**</td></tr>
<tr><td colspan="4">I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

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

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'</td></tr>
<tr><td colspan="4">**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]</td></tr>
<tr><td>**Signature of authorised person**</td><td></td><td>**Date**</td><td></td></tr>
<tr><td>**Full name and position**</td><td colspan="3"></td></tr>
</table>

<table>
<tr><td colspan="4" align="center">**SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE**</td></tr>
<tr><td colspan="4">I certify that 'the Scheme' is **not** an "insured scheme" i.e. it is **not** a pension scheme where **all** the income and other assets of the scheme are invested in policies of insurance.

I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.</td></tr>
<tr><td colspan="4">**Payment instructions:**
If the transfer value becomes payable the payment should be made to:
[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</td></tr>
<tr><td>**Signature of authorised person**</td><td></td><td>**Date**</td><td></td></tr>
<tr><td>**Full name and position**</td><td colspan="3"></td></tr>
</table>

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]

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Address	
	Postcode
Full name & 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)	
	Post code

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]

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

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

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):_____ .
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the **XXXX** Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is:
   - ***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.*

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.

<table>
<tr><td colspan="3" align="center">**SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE**</td></tr>
<tr><td colspan="3">I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme)</td></tr>
<tr><td colspan="3">**Payment instructions:**
If the transfer value becomes payable the payment should be made to:
[Administering authority to indicate here the information they require in order to process the transfer payment e.g. receiving scheme's bank details, etc]</td></tr>
<tr><td>**Signature of authorised person**</td><td></td><td>**Date**</td></tr>
<tr><td>**Full name and position**</td><td colspan="2"></td></tr>
</table>

<table>
<tr><td colspan="3" align="center">**INSURED SCHEME - PAYMENT CERTIFICATE**</td></tr>
<tr><td colspan="3">I understand the **XXXX** Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme).

If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'</td></tr>
<tr><td colspan="3">**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]</td></tr>
<tr><td>**Signature of authorised person**</td><td></td><td>**Date**</td></tr>
<tr><td>**Full name and position**</td><td colspan="2"></td></tr>
</table>

Pension Credit 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 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]

Surname	
Forename(s)	
Date of birth	
National Insurance Number *	
Address	
	Postcode
Full name & address of the scheme to which you want your LGPS rights in the XXXX Pension Fund to be transferred	
	Post code

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]

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

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

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]**

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

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

Pension managers (internal) of administering authorities
Pension managers (outsourced) and administering authority client managers
Officer advisory group
Local Government Pensions Committee
Trade unions
CLG
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