**TRANSFER PACK**

Please arrange for the attached forms to be completed if you wish to transfer your pension rights held in the Local Government Pension Scheme (LGPS) with Peninsula Pensions to another registered pension scheme.

[Helping members avoid pension scams - Peninsula Pensions](https://www.peninsulapensions.org.uk/members/local-government/your-pension-scheme/helping-members-avoid-pension-scams/)

**Part 1** - Forms A and B – to be completed by the **member**

**Part 2** – Forms A, B & C – to be completed by the **receiving scheme**

**APPENDIX 1** - Advice Confirmation Form – to be completed by the **member** if the transfer value of over £30,000 and receiving scheme offers ‘flexible benefits’.

**APPENDIX 2** – Lifetime Allowance form

Please return to: Peninsula Pensions either via the online member self-service portal, via email to [Pensiontransfers@devon.gov.uk](mailto:Pensiontransfers@devon.gov.uk) or by post to Great Moor House Bittern Road Sowton Exeter EX2 7NL



**Transfer Request Form**

**Request for Payment of Cash Equivalent Transfer Value**

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| **PART 1**  **A FOR COMPLETION BY SCHEME MEMBER ONLY – - PLEASE COMPLETE ALL BOXES (unless stated otherwise)**  Please complete this form if you would like the value of your Local Government Pension Scheme (LGPS) rights held by Peninsula Pensions, (including any additional voluntary contributions you have made), to be transferred to another scheme. | | |
| **Surname** |  | |
| **Forename(s)** |  | |
| **Date of birth** |  | |
| **National Insurance**  **Number** | If I have not quoted a National Insurance number on this form this is because I do not qualify for one. | |
| **Address** |  | |
|  | |
| **Postcode** | |
| **Former employer** |  | |
| **Leaving date** |  | |
| **Full name & address of the Pension Scheme to which you want your LGPS rights held with Peninsula Pensions to be transferred**  **(If there is more than one scheme, please indicate in what proportions you would like the transfer payment to be split between the schemes)** | |  |

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| **A(i)** | **Is the receiving scheme a public service pension scheme (within the meaning of** [**section 1(1) of the Pension Schemes Act 1993)?**](https://www.legislation.gov.uk/ukpga/1993/48/section/1/enacted) | **Yes  No**  If **yes**, please proceed to **A(vii)** and also complete **Part 1B**. | |
| **A(ii)** | **Is the receiving scheme a master trust which, for the purposes of part 1 of the Pension Schemes Act 2017 or part 1 of the Pension Schemes Act (Northern Ireland) 2021, is authorised by the Pensions regulator and listed as such?**  [**List of authorised master trusts | The Pensions Regulator**](https://www.thepensionsregulator.gov.uk/en/master-trust-pension-schemes/list-of-authorised-master-trusts) | **Yes  No**  If **yes**, please proceed to **A(vii)** and also complete **Part 1B**. | |
| **A(iii)** | **Is the receiving scheme a collective money purchase scheme which, for the purposes of part 1 or part 2 of the Pension Schemes Act 2021 is authorised by the Pensions Regulator and listed as such?**  **(Available from August 2022)** | **Yes  No**  If **yes,** please attach **documentary evidence** from the scheme administrators; proceed to **A(vii)** and complete **Part 1B**. | |
| **A(iv)** | **Is the receiving scheme an occupational scheme?** | **Yes  No**  If **yes,** please provide documentary **evidence of an employment lin**k\* to the receiving pension scheme; proceed to **A(vii**) and complete **Part 1B**.  **\***For example, copies of the last 3 months' pay slips/letter from the employer confirming that they are a sponsoring employer of the scheme and your employment with them. | |
| **A(v)** | **Is the receiving scheme a Personal Pension** | **Yes  No**  If **yes**, please proceed to **A(vii)** and complete **Part 1B**. | |
| **A(vi)** | **Is the receiving scheme a** [**‘Qualifying Recognised Overseas Pension Scheme’**](https://www.gov.uk/guidance/check-the-recognised-overseas-pension-schemes-notification-list) **(QROPS)?**  **If YES \*:**   * You will need to demonstrate a residency link to the country in which the scheme is based.Please provide evidence of overseas residency, for example a copy residency certificate **and** two other official documents such as utility bill or driving licence * Please provide written evidence from the QROPS/scheme you are transferring to, confirming what circumstance(s) you are able to access your transferred benefits before age 55? * Please provide the HMRC QROPS Number * Please provide the country or territory under whose laws the QROPS is established and regulated * Is the QROPS receiving Scheme | **Yes  \* No**  Please complete below where applicable; then proceed to **A(vii)** and complete **Part 1B.**  **Evidence attached:**  **Yes  No**  **Evidence attached**:  **Yes  No**  **Number**:  **Country/Territory:**  **An Occupational Scheme**  **An Overseas Public Service Pension**  **An International Organisation**  **A Personal Pension**  **None of the above** | |
| **A(vii)** | * **Have you been told you can access some or all the transfer value either directly or indirectly before the age of 55** | **Yes  No**  If **yes**, please provide documentary evidence from the Receiving Scheme confirming this. | |
| **PART 1**  **B- FOR COMPLETION BY SCHEME MEMBER ONLY – please complete all boxes (unless stated otherwise)**  **MEMBER DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE**  I declare that (please indicate/delete as applicable):   * I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) with Peninsula Pensions and details of the cash equivalent transfer value (CETV) of them. **Yes  No** * I am a member of the type of scheme indicated below which I am electing to transfer to: **Yes  No**   **Occupational Scheme**  **Personal Pension**  **QROPS**  **Other (please state)**  **If the transfer is to an occupational pension, please complete these additional questions:**   * I am a member of the occupational scheme pension that I am electing to transfer to  **Yes  No**  (If ‘**no**’ you do not need to complete this section) * I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes  No** * I am receiving earnings from any employment (including self-employment) in the United Kingdom? **Yes  No**   **If the transfer is to a QROPS Scheme, please confirm the following:**   * I am a member of the QROPS scheme that I am electing to transfer to  **Yes  No**  (If ‘**no**’ you do not need to complete this section) * I confirm that I am in employment with the QROPS named on this form and that the scheme is either an occupational pension scheme, an overseas public service scheme or an international organisation   **Yes  No**  To be completed for **all** scheme types:   * I have received (and understand) a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid, which confirms the pension benefits that the transfer payment would buy for me in that scheme or schemes. **Yes  No** * If I have not quoted a National Insurance number on this form this is because I do not qualify for one   **Yes  Not applicable**   * **I am  I am not**   already in receipt of a pension from the LGPS  (Other than (i) a survivor’s pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)   * **I am  I am not**   still an active member of the LGPS (i.e., still paying pension contributions to the LGPS)   * **I hold  I do not hold**   any other LGPS pension rights that are not in payment (other than a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership); in addition to the rights, I am electing to transfer to the receiving scheme named on this form * I have received and read the Financial Conduct Authority (FCA) ‘Don’t Let the Scammers Enjoy Your Retirement’ leaflet.  **Yes  No**      * Having considered the choices available to me,I wish Peninsula Pensions, 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(GMP), the transfer payment in respect of the GMP cannot be split across more than one scheme).   **Yes  No**   * If the scheme(s) to which I wish the cash equivalent transfer value to be paid offers [flexible](#flexible)**\*** benefits, I confirm that: (please tick applicable boxes) * I do have other rights (other than in respect of Additional Voluntary Contributions) in the LGPS other than those to which this transfer relates and, if I do, I attach details of those benefits * I do *not* have other rights (other than in respect of Additional Voluntary Contributions) in the LGPS other than those to which this transfer relates * If the transfer value of my total LGPS pension benefits is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser/ firm, with a suitably qualified Pension Transfer Specialist, and am satisfied that the advice provided to me was sufficient to enable me to make a fully informed decision with regards to this transfer. I attach a copy of the advice confirmation form signed by that adviser ([see appendix 1 form at end of pack](#advice))   **\*** Please note that you might be able to access benefits flexibly from ‘the receiving Scheme’ – for your information "Flexible access” means taking a cash amount over the tax-free lump sum from a flexi-access drawdown fund; taking an uncrystallised funds pension lump sum (UFPLS); purchasing a flexible annuity; taking a scheme pension from a defined contribution scheme with fewer than 12 pensioner members or taking a stand-alone lump sum (being a lump sum relating to pre 6th April 2006 where the whole amount can be taken as a lump sum without a connected pension) from a money purchase arrangement if the member has primary but not enhanced protection. In addition, any person who had a valid notification for flexible drawdown before 6 April 2015 will be deemed to have flexibly accessed their pension rights at the start of 6 April 2015   * I have read and understood the information relating to Pension Scams and warnings in the initial and subsequent documentation that Peninsula Pensions have issued to me   **Yes  No** | | |
| I elect to have the cash equivalent value of my pension rights under the LGPS held with PeninsulaPension transferred to the scheme I have named on this form.  I understand that (tick as applicable):  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 Peninsula Pensions  The CETV represents the whole of my LGPS benefits held with Peninsula Pensions including, if any, Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights  The QROPS named on this form may not be regulated in any way by the law of the United Kingdom and that consequently 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 Peninsula Pension Fund, if not a recognised transfer to a qualifying recognised overseas pension scheme, will give rise to a tax liability under section 208 of the Finance Act 2004 (unauthorised payments charge) and may give rise to a tax liability under section 209 of that Act (unauthorised payments surcharge)  In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK  In certain circumstances a transfer of funds to a QROPS and any onwards transfer of those ring-fenced funds from the QROPS to another scheme, might give rise to a liability to pay tax in the UK. This could include, though not limited to, a lifetime allowance charge (section 215(2)(b) of the Finance Act 2004) and/or an overseas transfer charge (section 244J and section 244K of the Finance Act 2004)  If I subsequently become resident in a different country, within the five full tax years following payment of my transfer to the QROPS named in this document, I confirm that, within 60 days of the change of residence I will inform Peninsula Pensions  Must pay any tax due to HMRC and provide information relating to taxable transfers  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 Peninsula Pensions, the LGPS administering authority, or my former employer  On payment of the transfer value, I will have no further benefits from Peninsula Pensions in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on Peninsula Pensions, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.  I confirm that I accept responsibility for any independent financial advice that I have sought and am satisfied that the individual/company involved were authorised by the [FCA](https://register.fca.org.uk/s/) with a suitably qualified Pension Transfer Specialist to provide the advice to me.  **To the best of my knowledge and belief, I declare the information given on this form is correct and complete.** | | |
| **Signed member: Date:** | | |

Please return the completed form to us by uploading it using our online portal [Member Self Service](https://members.peninsulapensions.org.uk/) or by email to [Pensiontransfers@devon.gov.uk](mailto:Pensiontransfers@devon.gov.uk). You must return this form within three months after the calculation date shown on your transfer value statement for us to be able to pay the amount we have quoted. If we receive this form later, we will recalculate the transfer value. 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 all of the information on the Receiving Scheme Discharge Form which you should ask your new scheme to complete and return.

**Request for Payment of a Transfer Value from Administrators**

**of the Receiving Scheme**

**Part 2 – Instructions for completion by administrators of the new scheme:**

Please complete **Parts A and B,** along with the relevant section based on scheme type, in **Part C**.

Then return the completed form to:

[Pensiontransfers@devon.gov.uk](mailto:Pensiontransfers@devon.gov.uk) or by post to: Peninsula **Pensions, Great Moor House, Bittern Road, Sowton Industrial Estate, Exeter, EX2 7NL**

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| **PART A** | **Administrators of new scheme to complete this in ALL cases please** |
| **Member's Full Name** |  |
| **Member's date of birth** |  |
| **Member's NI Number** |  |
| **Full Name of the Receiving Pension Scheme ('the Scheme')** |  |
| **If a Qualifying Recognised Overseas Pension Scheme (QROPS), please provide QROPS Reference Number complete the** [**QROPS certificate attached**](#qrops)**, and continue below** |  |
| **If a QROPS scheme, please provide country or territory under whose law the QROPS is established and regulated** |  |
| **Address of Receiving Scheme** |  |
|  |
| Postcode |
| **Email Address** |  |

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| **PART B: Administrators of new scheme to complete this in ALL cases please -**  **PENINSULA PENSIONS WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS**   * **Please tick /complete each area that is relevant to this transfer:**   I certify for each box highlighted / ticked 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 Peninsula Pensions  '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 Peninsula Pensions with independent confirmation or otherwise  that 'the Scheme' is registered with them.  'The Scheme' is an occupational pension scheme that is*:*  **- a self-administered scheme**  or  **- an insured scheme** i.e. a pension scheme where all of the income and other assets  are invested in policies of insurance  'The Scheme' is a salary-related occupational pension scheme that was contracted-out on 5 April  2016.  It 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 is a Personal Pension  The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'  'The Scheme' is both able and willing to accept the transfer value offered  The member named in Part A is  an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **or**  was previously a member of the receiving scheme and joined on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and left on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(if the transfer includes a GMP and / or section 9(2B) rights, this cannot be deleted if the transfer is to a salary-related formerly contracted-out occupational pension scheme).*  The ECON and SCON are E and S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    'The Scheme' was a Contracted-Out Salary Related Scheme (or was the active COSR part of a formerly Contracted-Out Mixed Benefit Scheme)  'The Scheme' will accept any transferred Equivalent Pension Benefit (EPB) and/or Guaranteed Minimum Pension (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  *Tick as appropriate (Limited Rate revaluation can only apply where the member left the LGPS before 6.4.97)*  'The Scheme' will use the transfer value to provide money purchase benefits for the member.  The member is employed by and is in receipt of earnings from an employer that participates in the Occupational Pension Scheme(s) named on this form. **Yes  No**  The member is not employed by an employer who is a contributor to the Occupational Pension Scheme(s) named on this form, but is employed by an employer elsewhere in the United Kingdom  The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits for the member  The scheme **is  is not**  a money purchase scheme, cash balance scheme, or a scheme, other than a [money purchase scheme](https://perspective.info/documents/act-psa2015/#act-psa2015-li-76.2.1.1) or [cash balance scheme](https://perspective.info/documents/act-psa2015/#act-psa2015-txt-75), whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor)  I understand that Peninsula Pensions will not pay the transfer value if they are dissatisfied with the completion of this form, or the information provided above or if they do not receive evidence of 'the Scheme's' HMRC registered status  The member will be able to access benefits flexibly from ‘the Scheme’  The member will be able to access benefits from this scheme before age 55 (even if the scheme administrator has not received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, or the scheme administrator has received such evidence, but the member has not in fact ceased to carry on the member's occupation)  The member will only be able to access benefits from this scheme on or after age 55 (or earlier if the scheme administrator has received evidence from a registered medical practitioner that the member is, and will continue to be, incapable of carrying on the member's occupation because of physical or mental impairment, and the member has in fact ceased to carry on the member's occupation)  Please confirm if the Trustees of the receiving scheme are listed as Data Controllers with the Information Commissioner’s Office – Yes/No If yes please provide evidence of the registration | | |
| **Signature of authorised person** |  | **Official Company Stamp:** |
| **Full name**  **and position** |  |
| **Date** |  |

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| **QROPS CERTIFICATE – For completion if QROPS scheme only – If not proceed to** [**part c**](#partc)  **In my capacity as scheme manager of the above named QROPS, I certify that**   * This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has **not** been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. **I enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS.** I will let you know immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place * This QROPS is able and willing to receive the transfer payment and we confirm that we will use the transfer payment in this QROPS to provide retirement benefits in this QROPS for the person named above * Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the scheme, to the extent that they consist of the member's relevant transfer fund or ring-fenced transfer funds, are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied (as modified by the Pensions Schemes (Application of UK Provisions to Relevant Non-UK Schemes) Regulations 2006 [SI 2006/207]), or if payable earlier, are only payable in circumstances in which they would be authorised member payments if they were made by a registered pension scheme. In addition, I confirm that I satisfy regulation 3(1)(b) of those regulations [SI 2006/206] * Both the member and I understand that the transfer value represents the whole of the member's LGPS benefits in the Peninsula Pensions in respect of the rights to which the transfer value relates, including any Guaranteed Minimum Pension (GMP) and post 1997 contracted out rights * I have given the member a statement showing the benefits they will be awarded in return for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld. **I enclose a copy of that statement, signed by us, and endorsed by the member** * The scheme is  / is not  *(tick as appropriate)*   a money purchase scheme, cash balance scheme, or a scheme, other than a [money purchase scheme](https://perspective.info/documents/act-psa2015/#act-psa2015-li-76.2.1.1) or [cash balance scheme](https://perspective.info/documents/act-psa2015/#act-psa2015-txt-75), whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor)  **Please select ONE of the following statements** (tick as applicable):  This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS  **OR**  This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS  **OR**  This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation  **OR**  This QROPS is not an occupational scheme, but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based  **OR**  This QROPS is not an occupational scheme, but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country  **OR**  None of the above apply, please insert alternative description and providing scheme documentation     |  | | --- | |  | |  | |  | |  | | | |
| **Signed** |  | **QROPS Stamp** |
| **Full name and position** |  |
| **Date** |  |

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

**This is the final section to complete, unless the scheme type is a QROPS, in which case, please also complete** [**the subsequent form**](#confirmation)**.**

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| 1. **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 that Peninsula Pensions 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:  **Bank Account name: …………………………………………………………………………**  **Bank sort code: ……………………… Bank Account No: ………………………………………**  **Name & address of Bank: ……………………………………………………………………………………………………….** | | | |
| **Signature of authorised person** |  | **Date** |  |
| **Full name**  **and position** |  | | |
| 1. **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 that Peninsula Pensions 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:  **Bank Account name: ……………………………………………………………………………**  **Bank sort code: ……………………… Bank Account No: ………………………………………**  **Name & address of Bank: ……………………………………………………………………………………………………….** | | | |
| **Signature of authorised person** |  | **Date** |  |
| **Full name**  **and position** |  | | |

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| 1. **SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE** | | | |
| I understand that Peninsula Pensions 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:  **Bank Account name: ……………………………………………………………………………**  **Bank sort code: ……………………… Bank Account No: ………………………………………**  **Name & address of Bank: ……………………………………………………………………………………………………….** | | | |
| **Signature of authorised person** |  | **Date** |  |
| **Full name**  **and position** |  | | |

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| 1. **QROPS SCHEME - PAYMENT CERTIFICATE** | | | |
| I understand that Peninsula Pensions 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:  **Bank Account name: ……………………………………………………………………………**  **Bank sort code: ……………………… Bank Account No: ………………………………………**  **Name & address of Bank: ……………………………………………………………………………………………………….** | | | |
| **Signature of authorised person** |  | **Date** |  |
| **Full name**  **and position** |  | | |

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| **PLEASE COMPLETE FOR QROPS SCHEME ONLY ONCE THE TRANSFER HAS BEEN FINALISED**   * **Confirmation of receipt of the transfer value payment 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 scheme 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 Peninsula Pensions   + 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** |  | | | |

**Advice Confirmation Form for completion by member where applicable (see Part 1 (A)) APPENDIX 1**

**Confirmation that appropriate independent advice has been obtained from an authorised independent adviser**

**Information:** Before a transfer of defined (safeguarded) benefits from the Local Government Pension Scheme (LGPS) can take place, a scheme member must provide proof that they have taken appropriate independent advice, **where the total transfer value is over £30,000.**

**Instructions for completion:** This form must be completed by the authorised independent adviser from whom advice has been sought regarding a transfer to an arrangement offering flexible benefits. Once completed, the form should be given to the scheme member who, if they wish to proceed with the transfer[[1]](#footnote-2), must also sign the form and return the completed form to Peninsula Pensions, Great Moor House, Bittern Road, Sowton Industrial Estate, Exeter, EX2 7NL.

1. I…………………………………………………. (adviser’s name) have provided advice which is specific to a transfer of safeguarded benefits from the LGPS to an arrangement offering flexible benefits to the scheme member noted in section 5 below and the advice is specific to the type of transaction proposed by the scheme member.

2. I have authorisation from the Financial Conduct Authority and can act as an authorised independent adviser as permitted under Part 4A of the Financial Service and Markets Act 2000, or resulting from any other provisions of that Act, to carry on the regulated activity in Article 53E of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001.

3. I am a pension transfer specialist (PTS) or, if I am not, the advice I have provided has been reviewed and checked by a pension transfer specialist within our firm.[[2]](#footnote-3) I confirm that I have undertaken the following number of hours of specific PTS continuing professional development within the last 12 months and the date undertaken: **Hours: Date:**

4. The FCA reference number of the company or business in which I work for the purposes of authorisation from the FCA to carry out the regulated activity in the aforementioned article 53E is…………………………………[[3]](#footnote-4).

5. This advice has been provided to ………………………………………………………… …………………….………………. (Name and NI number) who is a member of the Local Government Pension Scheme in England and Wales.

|  |  |
| --- | --- |
| **SIGNED BY THE ADVISOR** |  |
| **PRINT NAME** |  |
| **DATE SIGNED** |  |
| **Position in Firm** |  |
|  |  |
| **SIGNED BY THE PENSION TRANSFER SPECIALIST (if not the named person above)** |  |
| **PRINT NAME** |  |
| **DATE SIGNED** |  |

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

|  |  |
| --- | --- |
| **SIGNED BY THE MEMBER** |  |
| **PRINT NAME** |  |
| **DATE SIGNED** |  |

**LIFETIME ALLOWANCE FORM**

**Details of Benefits from other registered schemes**

Before payment of pension benefits can be made, we are required to ask you to complete the following information relating to HMRC limitations.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | «TITLE» «INITS» «SURNAME» | | | | NI Number | | | «NI\_NUMBER» | |
| Date of Birth | «DOB» | | | | Date Benefits Due | | | PEN\_DUE\_DT\_\_1 | |
| **PART A** | | | | | | | | | |
| I am in receipt of and/or have other pension benefits that have either already come into payment, will come into payment on the retirement date shown above or I have transferred to an overseas pension arrangement since 6 April 2006.  *Please see notes overleaf and complete Part B where appropriate. Please note that we* ***do*** *require details of drawdown payments* ***but******do not*** *require any details regarding any State pension benefits or dependants/spouse benefits. Please also complete Part C and return this form to Peninsula Pensions.*  I do not currently receive any pension benefits from other pension arrangements. No other pension benefits will commence on the retirement date above (excluding state pension and dependants/spouse benefits) and I have not transferred any pension benefits to an overseas pension arrangement since 6 April 2006.  *Please now complete Part C.* | | | | | | | | | |
| **PART B** | | | | | | | | | |
| **Pensions already in payment *before* 6 April 2006** | | | | | | | | | |
| Name of pension scheme/provider | | | Annual amount before tax on 05/04/06 £ | | | | Current annual value before tax £ | | |
|  | | |  | | | |  | | |
|  | | |  | | | |  | | |
| **Pensions which commenced *after* 6 April 2006** | | | | | | | | | |
| Name of pension scheme/provider | | | Annual amount before tax £ | | | Date of retirement | | | LTA used % |
|  | | |  | | |  | | |  |
|  | | |  | | |  | | |  |
| **Pensions from other arrangements coming into payment on retirement date above** | | | | | | | | | |
| Name of pension scheme/provider | | % of Standard Lifetime allowance | | Benefit treated as being paid before or after this scheme | | | | | |
|  | |  | | Before / After | | | | | |
|  | |  | | Before / After | | | | | |
|  | |  | | Before / After | | | | | |
| **Transfers to overseas arrangements made on or after 6 April 2006** | | | | | | | | | |
| Nameof original scheme/provider | | Date of transfer | | Amount Transferred | | | | | |
|  | |  | |  | | | | | |
|  | |  | |  | | | | | |
|  | |  | |  | | | | | |
| **PART C - Declaration** | | | | | | | | | |
| I certify that the information I have provided above is correct and complete to the best of my knowledge. If any of the information above is proven to be incorrect then I understand that I will be wholly and personally liable for any tax changes due and any resultant penalty as may be imposed by Her Majesty’s Revenue and Customs. I hereby declare that I am not taking the tax free cash lump sum from the LGPS with the intention of significantly increasing contributions to one or more registered pension schemes. I understand that doing so may result in me becoming liable to tax charges and surcharges.  **Signed Date** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |

**Lifetime Allowance**

The tax rules that apply to pension schemes changed from 6 April 2006. From this date, everyone will have a Lifetime Allowance which is the maximum amount of pension savings you can have from all sources (excluding any state pensions), without paying additional tax charges.

**What is the Lifetime allowance?**

The current Lifetime Allowance can be found [here](https://www.gov.uk/government/publications/rates-and-allowances-pension-schemes/pension-schemes-rates)

**Why do I need to complete this form?**

You must tell us of any other pension benefits you are already receiving, have taken as drawdown or a lump sum or are due to take at your retirement date specified overleaf, or have transferred overseas since 6 April 2006. We will then assess if the total value of your benefits is within the Lifetime Allowance using formulas specified by Her Majesty’s Revenue and Customs (HMRC). We need to do this before we can pay out your benefits.

**What will happen if I don’t complete and return this form or provide incorrect information?**

We need this form completed and returned to us before we can pay your retirement benefits. If we do not receive this form, we have to assume that you exceed the Lifetime Allowance and we will have to apply the Lifetime Allowance charge to your benefits. This charge is 55% of any lump sum payments and 25% on benefits paid as a pension (in addition to income tax).

You could be fined up to £3000 by HMRC if you make fraudulent or negligent statements.

**Pensions already in Payment before to 6 April 2006**

If you were receiving a pension from any source (excluding any state pensions) that started before 6 April 2006, please tell us how much you currently receive each year before any tax deductions.

**Pensions which commenced after 6 April 2006**

Please enter the annual amount of pension you are currently receiving or have taken as drawdown from other sources before any tax deductions. At the time of taking your benefits, your pension provider should have told you what percentage of the Standard Lifetime Allowance (SLA) you have used. Please enter this percentage in the box provided. If you do not have this information you should contact your pension provider.

Page Break

**Pensions coming into payment on the retirement date specified on this form**.

If you have other pension benefits (to include drawdown) that you are also taking at this time, you have to decide for tax purposes, the order that your benefits are paid, even if all your benefits are to come into payment at the same date. Please indicate which order you have chosen by indicating if your other benefits are to be paid before or after your benefits from ourselves.

**Transfers to overseas pension arrangements made on or after 6 April 2006**

Any transfers of pension rights to overseas arrangements made on or after 6 April 2006 will count towards your Lifetime Allowance. You are required to provide details of any such transfers.

**Declaration**

You are required to sign the declaration even if you do not have benefits elsewhere. Failure to do so could result in delays in us paying your benefits and /or additional tax charges.

Under HMRC rules, it is not permissible to use a cash lump sum benefit form a pension scheme to increase pension contributions into a registered pension scheme. Doing so will result in the original cash sum being taxed at 40% plus other charges.

Please complete and return this form by either uploading to our online member self-service portal, by email to [Pensiontransfers@devon.gov.uk](mailto:Pensiontransfers@devon.gov.uk) or by post to Peninsula Pensions, Great Moor House ,Bittern Road, Sowton Industrial Estate, Exeter EX2 7NL.

1. The scheme member and the receiving scheme will also be required to sign transfer discharge forms which the LGPS Pension Fund will issue. [↑](#footnote-ref-2)
2. A pension transfer specialist is an individual appointed by a firm to check the suitability of a pension transfer who has passed the required examinations as specified in the FCA’s Training and Competence sourcebook. [↑](#footnote-ref-3)
3. The LGPS Pension Fund will check the Financial Services Register maintained by the FCA to check whether the Firm's Reference Number includes permissions to advise on pension transfers and that there is no limitation excluding activity under article 53E. [↑](#footnote-ref-4)