

## Deferred member's Transfer Request Form

### Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016 To be completed by the Member

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the Rhondda Cynon Taf Pension Fund to be transferred to another scheme. Return the completed form to us at: Rhondda Cynon Taf CBC, Pension Section Bronwydd House, Porth, CF39 9DL

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

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

ABOUT YOU AND THE REGISTERED PENSION SCHEME YOU ARE ELECTING TO TRANSFER YOUR LGPS BENEFITS TO																		
1. Title	Mrs																	
2. Surname	Prosser																	
3. Forename(s)	Kim Teresa																	
4. Date of birth	<table><tr><td>03</td><td>04</td><td>1962</td></tr></table>									03	04	1962						
03	04	1962																
5. National Insurance Number	<table><tr><td>W</td><td>P</td><td>0</td><td>5</td><td>6</td><td>3</td><td>9</td><td>3</td><td>A</td></tr></table>									W	P	0	5	6	3	9	3	A
W	P	0	5	6	3	9	3	A										
6. Address	8 Badger's Brook Rise, Ystradowen, Cowbridge, Vale of Glamorgan  <b>Postcode</b> CF71 7TW																	
7. Name of former employer to which this transfer relates	University of South Wales																	
8. Date of leaving LGPS active membership to which this transfer relates	<table><tr><td>30</td><td>11</td><td>2015</td></tr></table>									30	11	2015						
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<b>9. Present status</b>	<p><b>Please tick the appropriate box</b></p> <p>I am currently in an opposite sex marriage <span style="float: right;"><input checked="checked" type="checkbox"/></span></p> <p>I am currently in a same sex marriage <span style="float: right;"><input type="checkbox"/></span></p> <p>I am currently in an opposite sex civil partnership <span style="float: right;"><input type="checkbox"/></span></p> <p>I am currently in a same sex civil partnership <span style="float: right;"><input type="checkbox"/></span></p> <p>I have a co-habiting partner <span style="float: right;"><input type="checkbox"/></span></p> <p><b>OR</b> <span style="float: right;"><input type="checkbox"/></span></p> <p>None of the above apply <span style="float: right;"><input type="checkbox"/></span></p> <p><b>Notes</b></p> <p style="margin-left: 20px;">a) If you are married or in a civil partnership and have not previously sent the Marriage or Civil Partnership Certificate to us, please attach the Certificate to this form. The Certificate will be treated confidentially and returned promptly.</p> <p style="margin-left: 20px;">b) If you are cohabiting with a partner please attach the following so we can verify that the cohabitation conditions for entitlement to a survivor's pension have been met</p>					
<b>10. Full name &amp; address of the registered pension scheme &amp; scheme administrator (if different) to which you want your LGPS rights in the RCTCBC Pension Fund to be transferred</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Pegasus Properties Executive Pension Scheme</td> </tr> <tr> <td style="padding: 2px 5px;">c/o RC Administration Limited</td> </tr> <tr> <td style="padding: 2px 5px;">1A Park Lane, Poynton</td> </tr> <tr> <td style="padding: 2px 5px;">Cheshire</td> </tr> <tr> <td style="padding: 2px 5px;"> <b>Postcode</b> SK12 1RD <i>(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)</i> </td> </tr> </table>	Pegasus Properties Executive Pension Scheme	c/o RC Administration Limited	1A Park Lane, Poynton	Cheshire	<b>Postcode</b> SK12 1RD <i>(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)</i>
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#### DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the RCTCBC Pension Fund and details of the cash equivalent transfer value (CETV) of them
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one
- I am 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)
- In addition to the rights I am electing to transfer to the occupational pension scheme named on this form, 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)
- I am not still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)
- If the scheme(s) to which I elect the cash equivalent transfer value to be paid offers flexible benefits<sup>1</sup>
  - other than the pension rights to which this transfer relates, I do not have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension) in the LGPS and, if I do, I attach details of those benefits, and
  - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension) including pension credit rights is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser
- I am a member of the occupational scheme I am electing to transfer to  
**Yes**
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes**

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- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes**

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

- Having considered the choices available to me I elect for RCTCBC 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, 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 confirm that, I understand and I accept that**

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the RCTCBC 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 RCTCBC Pension Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the RCTCBC Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the RCTCBC Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates

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

**Signed**

**Date**

<sup>1</sup> In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

- money purchase benefit,
- cash balance benefit, or
- benefit, other than a money purchase benefit or cash balance benefit, 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).



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#### **Cohabiting Partner Declaration Form**

In order for your cohabiting partner's survivors benefit to be included in the calculation of your pension rights to transfer to your new pension arrangement we must be satisfied your nomination still applies at the date of transfer.

Please complete the following declaration;

We confirm that for a continuous period of at least 2 years prior to the date of this declaration all of the following have applied;

1. we have been free to marry each other or enter into a civil partnership with each other
2. we have lived together as if we were husband and wife or registered civil partners
3. neither of us have been living with someone else as if we were husband and wife or civil partners
4. our financial affairs have been interdependent or the nominated partner has been financially dependent upon the scheme member (financially interdependent means that you rely on your joint finances to support your standard of living).

Member's signature :

Nominated partner's signature :

Date :

## Deferred member's Transfer Request Form

### Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016 To be completed by receiving Scheme Manager

#### Instructions to administrators / trustees of the new scheme

Please complete **Parts A** and **B** and the relevant section in **Part C**.

Then return the completed form to: Rhondda Cynon Taf Pension Fund, Pension Section, Bronwydd House, Porth, CF39 9DL

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES</b>
<b>Member's Full Name</b>	Kim Teresa Prosser
<b>Member's date of birth</b>	03/04/1962
<b>Member's NI Number</b>	WP056393A
<b>Name of New Pension Scheme ('the Scheme')</b>	Pegasus Property Executive Pension
<b>Address of New Pension Scheme which is to receive the transfer value</b>	c/o RC Administration, 1A Park Lane, Poynton
	Cheshire
	<b>Postcode</b> SK12 1RD

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**PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE RCTCBC 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): \_\_\_\_\_ 20004148RQ\_\_\_\_\_
- 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 **RCTCBC** Pension Fund 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**
- 'The Scheme' meets the requirements of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847]
- '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 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
- 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

**Please also delete one of the following statements**


- 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)



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- The scheme is not a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, 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)


<b>Signature of authorised person</b>		<b>Pension Scheme Stamp</b>
<b>Full name and position</b>	Emily McAlister Administrator	
<b>Date</b>	03.09.2021	



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**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 RCTCBC 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)			
<b>Payment instructions</b> If the transfer value becomes payable the payment should be made to:			
Account Name Pegasus Property Executive Pension			
Name/Address of Bank			
Allied Irish Bank (GB) Manchester Business Centre Four Hardman Street Manchester M3 3HF			
Account Number 04919088		Sort Code 23-83-96	
<b>Signature of authorised person</b>		<b>Date</b>	03.09.21
<b>Full name and position</b>	Emily McAlister Administrator		

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<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I understand the RCTCBC Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered pension scheme status (other than a Statutory Scheme).</p> <p>If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'.</p>			
<b>Payment instructions</b> If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to			
Account Name		Name/Address of Bank	
Account Number		Sort Code	
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			