

Strathclyde Pension Fund Office

Managing the Local Government Pension Scheme in West Central Scotland

Administering Authority **Glasgow City Council**



Member's Transfer Request Form To a Non Contracted-Out Occupational Pension Scheme Nov 13

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 (including any additional voluntary contributions you made) to be transferred from Strathclyde Pension Fund, the fund, to another scheme.

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. Note: we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which your new scheme must complete for you.

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

Present status	<p>Please tick the appropriate box:</p> <p>I am currently married; <input type="checkbox"/></p> <p>I am currently in a civil partnership; <input type="checkbox"/></p> <p>I have nominated a co-habiting partner to be entitled to a benefit under the LGPS; <input type="checkbox"/></p> <p>Or</p> <p>None of the above apply <input type="checkbox"/></p> <p>(for example, you are single, a widow or widower, divorced, etc)</p> <p>Notes:</p> <p>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.</p> <p>2. If you have nominated a co-habiting partner to be covered by the LGPS please attach our nominated cohabiting partner information form</p>
Full name & address of the scheme to which you want your LGPS rights 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)	
	<div style="text-align: right;">Post code</div>

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) 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 the 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 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 Fund, the LGPS administering authority or my former employer
- On payment of the transfer value I will have no further benefits from the 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 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**.

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.

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 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.

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

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

– you must complete one of the two sections.

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the 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:			
Signature of authorised person		Date	
Full name and position			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the 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:			
Signature of authorised person		Date	
Full name and position			