



#### Form 17

# Pension credit member AVC Transfer - Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

### To be completed by the member:

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Pension Credit rights to be transferred to another scheme. Return the completed form to us at:

Derbyshire Pension Fund County Hall Matlock Derbyshire DE4 3AH United Kingdom

The Government introduced an overseas transfer charge from 9 March 2017. Where the charge applies it is equal to 25% of the actual value of the transfer payment. You will still be able to make a transfer to a QROPS free of UK tax up to the value of your lifetime allowance (i.e. the overseas transfer charge will not apply), where one of the following applies:

- you are resident in the country where the QROPS receiving your transfer is based
- you are resident in a country in the EEA and the QROPS you are transferring to is based in another EEA country
- the QROPS you are transferring to is an occupational pension scheme and you are an employee of a sponsoring employer under the scheme at that time
- the QROPS you are transferring to is an overseas public service scheme and you are employed by an employer that participates in that scheme at that time
- the QROPS you are transferring to is a pension scheme of an international organisation and you are employed by that international organisation at that time

You must provide Derbyshire Pension Fund with all the information requested within this documentation, before the transfer is made, otherwise your transfer will be subject to the overseas transfer charge.

Please note that we cannot pay, or instruct our AVC provider to 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 Derbyshire Pension Fund.

| About you  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1 Title  |  |  |  |  |  |
| 2 Surname  |  |  |  |  |  |
| 3 Forename(s)  |  |  |  |  |  |
| 4 Date of birth  |  |  |  |  |  |
| 5 National Insurance (NI) Number                                     |  |  |  |  |  |
| If you do not qualify for an NI number you must complete question 6. |  |  |  |  |  |





| 6 If you have contacted Jobcentre        |                          |               |             |              |                      |
|--|--------------------------|---------------|-------------|--------------|----------------------|
| Plus and are not entitled to an NI       |                          |               |             |              |                      |
| number, please state the reasons         |                          |               |             |              |                      |
| why and provide any HMRC                 |                          |               |             |              |                      |
| reference number                         |                          |               |             |              |                      |
|  | HMRC reference numb      | er:           |             |              |                      |
| 7 Principal residential address          |                          |               |             |              |                      |
|  |                          |               |             |              |                      |
| This must not be a PO Box number         |                          | Po            | stcode      |              |                      |
| or c/o the pension scheme manager        |                          |               |             |              |                      |
| 8 If the address given above is not      |                          |               |             |              |                      |
| in the UK, please also provide your      |                          |               |             |              |                      |
| last principal residential address       |                          |               |             |              |                      |
| in UK                                    |                          | Po            | stcode      |              |                      |
|  |                          | го            | sicoue      |              |                      |
| 9 If your principal address              |                          |               |             |              |                      |
| residential address is outside the       |                          |               |             |              |                      |
| UK, please give the date you left        |                          |               |             |              |                      |
| the UK                                   |                          |               |             |              |                      |
|  |                          |               |             |              |                      |
| 10 Contact telephone number              |                          |               |             |              |                      |
| including international dialling         |                          |               |             |              |                      |
| code if number is outside the UK         |                          |               |             |              |                      |
| About the QROPS receiving the            | transfer                 |               |             |              |                      |
| 11 HMRC reference number. This           | ΙΙ                       |               |             |              |                      |
| is the QROPS reference number,           |                          |               |             |              |                      |
| allocated to the scheme by HMRC          |                          |               |             |              |                      |
| -  |                          |               |             |              |                      |
| 12 Full name and address of the          |                          |               |             |              |                      |
| QROPS to which you want your             |                          |               |             |              |                      |
| rights in the AVC Fund to be transferred |                          |               |             |              |                      |
| transierieu                              |                          |               |             |              |                      |
|  |                          |               |             |              |                      |
|  |                          |               |             |              |                      |
| 13 Name of the country or territory      |                          |               |             |              |                      |
| under whose law the QROPS is             |                          |               |             |              |                      |
| established and regulated                |                          |               |             |              |                      |
|  | (if more than one schen  | ne nlease div | e second so | heme details | s on a               |
|  | separate sheet and indi  |               |             |              |                      |
|  | transfer payment to be s |               |             |              | io ii i <del>o</del> |
|  | adiation payment to be s | Phil DOINGELL |             | 9            |                      |





| 14 Is the QROPS receiving the  | Please tick the appropriate box  |  |  |  |
|--|--|--|--|--|
| transfer   |  |  |  |  |
|  | a) An Occupational Pension Scheme?   |  |  |  |
| The QROPS you are transferring to  |  |  |  |  |
| will know if they fall within the  | b) An Overseas Public Service Scheme?  |  |  |  |
| definition of an 'overseas public  |  |  |  |  |
| service scheme' under regulation   | c) An International Organisation?  |  |  |  |
| 3(1B) or the definition of an  | d) Name of the should  |  |  |  |
| 'international organisation' under   | d) None of the above?  |  |  |  |
| regulation 2(5) of the Pension   |  |  |  |  |
| Schemes (Categories of Country and   | (if you tick box 14(d) please go to question 20)                             |  |  |  |
| Requirements for Overseas Pension  |  |  |  |  |
| Schemes and Recognised Overseas  |  |  |  |  |
| Pension Schemes) Regulations 2006  |  |  |  |  |
| [SI 2006/206].   |  |  |  |  |
| 15 Name of your current employer   |  |  |  |  |
| 16 Your current job title  |  |  |  |  |
| 17 Address of your current   |  |  |  |  |
| employer   |  |  |  |  |
| employer   |  |  |  |  |
|  |  |  |  |  |
|  | Postcode   |  |  |  |
|  |  |  |  |  |
| 18 Date your current employment  |  |  |  |  |
| began  |  |  |  |  |
| 19 Your current payroll tax  |  |  |  |  |
| reference number (if not known –   |  |  |  |  |
| state 'not known')   |  |  |  |  |
| ,  |  |  |  |  |
| 20 Have you been told that you   | You must tick the appropriate box  |  |  |  |
| can access some or all of the  |  |  |  |  |
| value of this transfer, either   | Yes No   |  |  |  |
| directly or indirectly before you  |  |  |  |  |
| reach the age of 55?   |  |  |  |  |
|  | (if you tick 'yes' to the above then unless you are transferring to an       |  |  |  |
|  | overseas public service scheme (box 17(b) or an international                |  |  |  |
|  | organisation (box 17(c) you must provide the information requested in        |  |  |  |
|  | question 21)   |  |  |  |
| 21 Please provide written evidence   | from the QROPS you are transferring to, confirming what                      |  |  |  |
| I =  | cess your transferred benefits before age 55?                                |  |  |  |
| (It is unlikely that you will be able to pr  | rocaed with this transfer unless the written evidence confirms that the only |  |  |  |
| (It is unlikely that you will be able to proceed with this transfer unless the written evidence confirms that the only circumstance you are able to access your transferred benefits prior to age 55 is on health grounds) |  |  |  |  |
| circumstance you are able to access y  | your transferred benefits prior to age 55 is on nealth grounds)              |  |  |  |





#### **DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE**

#### I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by Derbyshire Pension Fund and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I am a member of the QROPS named on this form.
- If the QROPS named on this form is an occupational pension scheme, an overseas public service scheme or an international organization, 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 am / am not [please delete as appropriate] already in receipt of a Pension Credit pension derived from AVCs paid to the LGPS (i.e. from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the QROPS named on this form, I hold / do not hold [please delete as appropriate] any other LGPS pension credit AVCs that are not in payment.(i.e. from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)

#### I confirm that, I understand and I accept that:

- The CETV represents the whole of the realisable value of my Pension Credit AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- 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 the realisable value of my Pension Credit AVC 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.
- 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 Derbyshire Pension Fund.
- I must pay any tax due to HMRC and provide information relating to taxable transfers.





#### Formal election to transfer my pension rights under the LGPS to a QROPS

I elect to have the cash equivalent value of my realisable Pension Credit AVC 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 Pension Credit AVC 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 AVC provider, Derbyshire Pension Fund or the LGPS administering authority.
- On payment of the transfer value I will be entitled to no further benefits 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 AVC provider, Derbyshire Pension Fund or the LGPS
  administering authority for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that, I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at <a href="www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement">www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement</a> called "Your pension: it's time to choose" that explains the characteristic features of the options
- I am aware that, by visiting <a href="www.pensionwise.gov.uk">www.pensionwise.gov.uk</a>, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice
- There may be tax implications associated with flexibly accessing benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

| To the best of my knowledge and belief, I declare the information given in all pages of this form is correct and complete. |  |      |  |  |  |  |  |
|--|--|------|--|--|--|--|--|
| Signed   |  | Date |  |  |  |  |  |





# Pension credit member AVC Transfer - Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

To be completed by the receiving scheme manager:

| DETAILS OF THE SCHEME ME<br>ARRANGEMENT UNDER THE L  |  |       |      |          |       |      | THE AVC |  |
|--|--|-------|------|----------|-------|------|---------|--|
| Surname  | Fo                                       |       |      | name(s)  |       |      |         |  |
| Principal residential address  |  |       |      |          |       |      |         |  |
|  |  |       |      |          |       |      |         |  |
| National Insurance Number  |  |       |      | Date of  | birth |      |         |  |
| DETAILS OF THE QROPS TO V  | VHICH THE TRAI                           | NSFER | PAYM | ENT IS T | О ВЕ  | MADE |         |  |
| Full name of the QROPS   |  |       |      |          |       |      |         |  |
| Name of country or territory un the QROPS is established and   |  |       |      |          |       |      |         |  |
| QROPS reference number (this reference number, allocated to the HMRC, when the notification that requirements to be a recognised pension scheme was acknowledged.) | ne scheme by<br>t it met the<br>overseas |       |      |          |       |      |         |  |
| Full name, official address, business telephone number   | Name                                     |       |      |          |       |      |         |  |
| and, where available,<br>electronic mail address of the<br>manager of the QROPS  | Address                                  |       |      |          |       |      |         |  |
|  | Tel                                      |       |      |          |       |      |         |  |
|  | E-mail                                   |       |      |          |       |      |         |  |
| Reference (if any)   | I  |       |      |          |       |      |         |  |





#### **QROPS CERTIFICATE**

## 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 will use the transfer payment 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 transferred 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 the circumstances in which they would have been 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 we understand that the transfer value represents the whole of the member's Pension Credit AVC 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 select 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 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 QROP.

#### 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 provide scheme documentation





| Payment instruc | ctions   |                   |
|-----------------|--|-------------------|
|                 | ue becomes payable the payment should be r payee and BACS details] | made to           |
| Sort Code:      |  |                   |
| Account Numb    | er:  |                   |
| Account Payee   | :  |                   |
| Please also pro | ovide details of where any acknowledgmen                           | t should be sent: |
|                 |  |                   |
| Signed          |  | QROPS Stamp       |
| Full name and   |  |                   |
| position        |  |                   |
| Date            |  |                   |





# Pension credit member AVC Transfer - Payment of Cash Equivalent Transfer Value to a Qualifying Recognised Overseas Pension Scheme (QROPS)

To be completed by the receiving scheme manager:

| DETAILS OF THE SCHEME MEMBER TRANSFERRING PENSION RIGHTS FROM THE AVC ARRANGEMENT UNDER THE LOCAL GOVERNMENT PENSION SCHEME (LGPS)              |                      |                |               |               |  |  |
|---|----------------------|----------------|---------------|---------------|--|--|
| Surname   |                      | Forename(s)    |               |               |  |  |
| Principal residential address   |                      |                |               |               |  |  |
|   |                      |                |               |               |  |  |
| National Insurance<br>Number  |                      | D              | ate of birth  |               |  |  |
| DETAILS OF THE QUAI   | IFYING RECOGNIS      | ED OVERSEAS    | PENSION S     | CHEME (QROPS) |  |  |
| Full name of the QROPS  |                      |                |               |               |  |  |
| QROPS reference number  |                      |                |               |               |  |  |
| Full name, official address, business   | Name                 |                |               |               |  |  |
| telephone number and,<br>where available,<br>electronic mail address  |                      |                |               |               |  |  |
| of the manager of the QROPS   | Tel                  |                |               |               |  |  |
|   | E-mail               |                |               |               |  |  |
| QROPS CONFIRMATIO   | N                    |                |               |               |  |  |
| In my capacity as schem   | e manager of the abo | ove named QROF | PS, I confirm | that:         |  |  |
| <ul> <li>This scheme has <b>not</b> been excluded from being a QROPS by HM Revenue and Customs<br/>(HMRC) in the UK</li> </ul>                  |                      |                |               |               |  |  |
| I have received the full transfer value payment of £  |                      |                |               |               |  |  |
| <ul> <li>I have applied the payment to the provision of retirement benefits for the person named above<br/>in the QROPS named above.</li> </ul> |                      |                |               |               |  |  |
| Signed  |                      |                | QROPS Sta     | mp            |  |  |
| Full name and position  |                      |                |               |               |  |  |
| Date  |                      |                |               |               |  |  |





To be completed by the member:

| DECLARATION OF OTHER PENSION ENTITLEMENTS FORM   |  |   |  |  |           |   |
|--|--|---|--|--|-----------|---|
| NAME:  |  |   | OOB:   |  |           |   |
| NI NUMBER:   |  |   | GUARANTEE  | DATE   |           |   |
| PLEASE NOTE WE ARE UNABLE TO PROCESS YOUR TRANSFER OF BENEFITS UNTIL YOU HAVE COMPLETED AND RETURNED THIS FORM   |  |   |  |  |           |   |
| You are required to declare all other pension arrangements that you have, including any other LGPS benefits with Derbyshire or elsewhere. The information should be obtained from your pension provider, values should be at the date your LGPS benefits are due to be paid and should exclude state benefits, and benefits resulting from the death of a spouse or partner if applicable. |  |   |  |  |           |   |
|  | Do you have <u>any</u> other pension arrangements that are currently in payment or due to be transferred to a Qualifying Recognised Overseas Pension Scheme (QROPS)? |   |  |  |           |   |
| Yes  | If Yes, please co  | mplete details  | below, crossing  | through any sec  | ctions th | at do not apply   |
| No 📗   | f No, please rea   | d, sign and dat   | e declaration on   | ly   |           |   |
| LGPS bene  | fits, deferred be  | nefits, unclaim   | ed refunds, mor  | pefore the gua<br>ney purchase ar<br>from a Pension              | rangeme   |   |
| Name of Scheme   | Date pension<br>started  | Current annual pension if start date is before 06/04/2006 | Initial annual pension if start date is after 05/04/2006 * | Amount of tax<br>free lump sum if<br>taken after<br>05/04/2006 * | OR        | *Percentage of lifetime allowance used at commencement (if known) |
|  |  | £   | £  | £  |           | %   |
|  |  | £   | £  | £  |           | %   |
|  |  | £   | £  | £  |           | %   |
|  |  |   |  |  |           |   |
| •  | in possession of the pensior   |   | •  | d you should o   | btain it  | from the  |
| <u> </u>   | of the pension   | n scheme(s) ir  | n question   |  |           |   |

%

benefit represented





Declaration Form continued

#### **DECLARATION**

I certify that the information I have provided is correct and complete to the best of my knowledge.

I am entitled to the transfer of benefits currently held in Derbyshire Pension Fund and have not previously had a transfer out, refund or part refund, or previous payment of these pension benefits. If it is proven to be incorrect then I understand that I will be wholly and personally liable for repayment of all monies due.

If further tax becomes payable because the information I have provided is proven to be incorrect, then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as imposed by HMRC.

| Ciamad. | Data  |  |
|---------|-------|--|
| Signed: | Date: |  |
|         |       |  |

Please return to: Derbyshire Pension Fund, County Hall, Matlock, DE4 3AH

<sup>\*</sup> Please ensure both pages of the declaration form are sent back to the Fund \*