

Form 2

Deferred Refund Member - Payment of Cash Transfer Sum 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 Derbyshire Pension Fund to be transferred to another scheme. The completed form must be returned 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 and sent to:

**Derbyshire Pension Fund
County Hall
Matlock
DE4 3AH**

Please note that we cannot pay the cash transfer sum 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 and the registered pension scheme you are electing to transfer your LGPS rights to:

1 Title:									
2 Surname:									
3 Forename(s):									
4 Date of birth:									
5 National Insurance Number:									
6 Address:									
	Postcode								
7 Name of former employer to which this transfer relates:									
8 Date of leaving LGPS active membership to which this transfer relates:									

9 Full name & address of the registered occupational pension scheme & scheme administrator (if different) to which you want your LGPS rights in the Derbyshire Pension Fund to be transferred: <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>	
	Post code

DECLARATION AND ELECTION FOR PAYMENT OF CASH TRANSFER SUM

I declare that:

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium, where appropriate) I would be entitled to under the Local Government Pension Scheme (LGPS) in the Derbyshire Pension Fund and details of the cash transfer sum I may transfer to another scheme.
- I have received a statement from the scheme(s) to which I wish the cash transfer sum 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 / am not (*delete as appropriate*) 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 elect to transfer to the scheme named on this form, I hold / do not hold (*delete as appropriate*) 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 / am not (*delete as appropriate*) still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)
- I am a member of the occupational scheme I am electing to transfer to
Yes / No (*delete as appropriate*)
- 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 (*delete as appropriate*)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom
Yes / No (*delete as appropriate*)

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 Derbyshire Pension Fund to pay the cash transfer sum (including the transfer value of any additional voluntary contributions I made, calculated by reference to the date I ceased membership) to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish cash transfer sum 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 that I accept that:

- The benefits the cash transfer sum 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 Derbyshire 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 cash transfer sum buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Derbyshire Pension Fund, the LGPS administering authority or my former employer
- On payment of the cash transfer sum I will have no further benefits from the Derbyshire Pension Fund in respect of the rights to which the cash transfer sum relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Derbyshire Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the cash transfer sum relates.

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

Signed

Date

Payment of a cash transfer sum to an Occupational Pension Scheme that was contracted in on 5 April 2016

To be completed by the 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:

**Derbyshire Pension Fund
County Hall
Matlock
DE4 3AH**

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 cash transfer sum	
	Postcode

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

I certify that:

- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR): _____.
- I enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the Derbyshire Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is an occupational pension scheme that is *(delete as appropriate)*:
 - **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 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33]
- 'The Scheme' is both able and willing to accept the cash transfer sum offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'.
- The member's cash transfer sum accepted by 'the Scheme' will be used to provide transfer credits 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 *(delete as appropriate)*
- 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

Please also delete one of the following statements:

- 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)

OR

- 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)

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			
<p>I understand Derbyshire Pension Fund will not pay the cash transfer sum 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>Payment instructions: If the cash transfer sum becomes payable the payment should be made to: [Please provide payee and BACS details]</p> <p>Sort Code:</p> <p>Account Number:</p> <p>Account Payee:</p> <p>Please also provide details of where any acknowledgment should be sent:</p>			
Signature of authorised person		Date	
Full name and position			

INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I understand the Derbyshire Pension Fund will not pay the cash transfer sum 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 cash transfer sum 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>			
<p>Payment instructions: If the cash transfer sum becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: [Please provide payee and BACS details]</p> <p>Sort Code:</p> <p>Account Number:</p> <p>Account Payee:</p> <p>Please also provide details of where any acknowledgment should be sent:</p>			
Signature of authorised person		Date	
Full name and position			