# TRIVIAL COMMUTATION REQUEST FORM



# **Local Government Pension Scheme (LGPS)**

You should complete this form if you are a member who is in receipt of their pension from the Kent Pension Fund, and who believes they meet the requirements to request that their small pension is converted to a one-off cash lump sum.

A dependant (spouse, civil partner, cohabiting partner or child) of a deceased member of the Kent Pension Fund should not complete this form as the requirements are different, they should contact us by using the contact form on our website, <a href="https://www.kentpensionfund.co.uk">www.kentpensionfund.co.uk</a>

You should complete, print, sign and return the form to us.

### Information to be included

Include all pension benefits received, or due to be in payment. Do not include State pension.

# If you are not sure about the information needed on this form

In most cases, you can obtain the information from the provider or administrator of the relevant pension arrangement. Please do not send any supporting documents from other pension arrangements at this time.

Your personal	aetaiis			
National Insura	nce number			
Surname				
Forename(s)			Title	
Telephone num code)	<b>ber</b> (including area			
Home Address	(including postcode)			
Personal email	address			
Please select s	section A or B and	follow instructions:		
		SECTION A		
	er pension benefits alr PS pension and the st	eady in payment or due for pay tate pension	ment,	Start at question 5
		SECTION B		
than this LGPS pe (including any Ser	ension and the state pe	iums, Uncrystallised Funded Pe		Start at question 1 and answer all questions

I am in receipt of pension benefits that were in payment before 6 April 2006 only and have no other pension benefits paid on or after 6 April 2006				No
	If 'Yes' please provide	details below		
	Pension provider	Current annual rate o	of pension in re tax)	n payment
Pension 1		£		
Pension 2		£		
Pension 3		£		

If you have more than 3 pensions, please attach an extra sheet

I am in receipt of pension benefits that commenced payment on or after 6 April 2006 and before 6 April 2024 (and either do or do not have any other benefits in payment before 6 April 2006)					No
If 'Yes' ple	ase provide details below for y		etween 6 April 2	006 aı	nd 6 April 2024
		only			
	Pension provider	Date benefit was taken (date of retirement)	Value of ann pension at d benefit was ta (before tax	ate iken	Value of any lump sum taken at this date
Pension 1			£		£
Pension 2			£		£
Pension 3			£		£

If you have more than 3 pensions, please attach an extra sheet

I have a transitional tax-free amount certificate and I confirm I will return a copy of the certificate with this completed declaration	Yes	No
Please include a copy of the certificate with this form		

3 I am in 6 April 2	receipt of pension benefits th 2024	at commenced payme	nt on or after	Yes		No
	If 'Yes' p	lease provide details b	pelow			
Pension 1	Pension provider	Date benefit was taken (date of retirement)	Value of ann pension at de benefit was ta (before tax	ate ıken	lump s	e of any sum taken nis date
Pension 2			£		£	
Pension 3			£		£	

If you have more than 3 pensions, please attach an extra sheet

I have pension benefits that are due to commence payment in the future				Yes	No		
	If 'Yes' please provide details below						
Pension provider Date payment due Current value of annual pension any lump sum							
Pension 1			£	£			
Pension 2			£	£			
Pension 3			£	£			

I have had pension benefits trivially commuted (converted) to a one-off lump sum					Yes	No
		If 'Yes' pleas	se provide details below			
		Pension provider that commuted your pension	Amount of one-off lump sum		e benefit wa nominated c	
Pensio	n 1		£	,		,
Pensio	n 2		£			
Pensio	n 3		£			

If you have more than 3 pensions, please attach an extra sheet

### Please tick this statement if it is true:

6 I have not transferred pension benefits out of the LGPS within the last 3 years

### Please tick this statement if it is true:

I am not a controlling director, or connected to a controlling director, of a company that participates in the LGPS in England and Wales

# After completing this form please read the declaration, sign and date:

# Declaration and signature I certify that the information provided above is correct and completed to the best of my knowledge. If further tax becomes payable because the information I have given proves to be incorrect, then I understand that I am wholly and personally liable for the tax charge due and any resultant penalty that may be imposed by HMRC. Signature Date

Please download, sign, date and return this form to Kent Pension Fund, Kent Count Council, Chief Executive's Department, Invicta House, Maidstone, Kent ME14 1XX

### **Privacy notice**

In order to administer the pension scheme, we collect, hold, process and share personal data. For further information read our privacy notice on the Kent Pension Fund website – www.kentpensionfund.co.uk/privacynotice