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, www.kentpensionfund.co.uk

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	details		
National Insura	nce number		
Surname			
Forename(s)		Title	
Telephone num code)	ber (including area		
Home Address	(including postcode)		
Personal email	address		
Please select s	section A or B and	follow instructions:	
		SECTION A	
	er pension benefits alro PS pension and the st	eady in payment or due for payment, ate pension	Start at question 5
		SECTION B	
than this LGPS pe (including any Ser	ension and the state pe	ums, Uncrystallised Funded Pension	Start at question 1 and answer all questions

1	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			Yes	No	
		If 'Yes' please provide	details below			
		Pension provider	Current annual rate of pension in payment (before tax)			
Pen	sion 1		£			
Pen	sion 2		£			
Pen	sion 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) If 'Yes' please provide details below for your benefits taken between 6 April 2006					No
ii i es pie	ase provide details below for y	only	tween o April 20	JUU ai	ilu 0 April 2024
	Pension provider	Date benefit was taken (date of retirement)	Value of anno pension at da benefit was ta (before tax	ate ken	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		

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

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

I have had pension benefits trivially commuted (converted) to a one-off lump sum					No
	If 'Yes' plea	se provide details below			
	Pension provider that	Amount of one-off lump	Da	ate benefit w	vas taken
	commuted your pension	sum	(nominated date)		
Pension 1		£			
Pension 2		£			
Pension 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 County Council Pension Section, Sessions House, County Hall, Maidstone, Kent ME14 1XQ

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