

Scheme member transfer election form

Non overseas transfers only



Local Government Pension Scheme members

Kent Pension Fund

| | | |
|---------------------------------|----------------------|---|
| Name | <input type="text"/> | |
| Address (including postcode) | <input type="text"/> | |
| Email address | <input type="text"/> | |
| Telephone number | <input type="text"/> | |
| National Insurance number | <input type="text"/> | |
| Date of birth | <input type="text"/> | Please enclose a copy of your birth certificate. We accept a copy of a valid and in date photo driving license or passport. |

Full name of receiving pension scheme
(your new pension scheme)

Other LGPS entitlement declaration (please tick one box as appropriate)

I have pension rights in the LGPS in England and Wales that are not administered by Kent County Council. I have detailed my other rights in a separate document and attached it. You have my authority to obtain any information you require in order to proceed with this transfer.

I have no other pension rights in the LGPS in England and Wales other than those administered by Kent County Council.

If transferring to an occupational scheme – please tick one box

I declare I am an earner and either employed by an employer who is a contributor to the occupational pension scheme(s) named on this form, or I am receiving earnings from any employment (including self-employment) in the United Kingdom.

I am **not** employed by an employer who is a contributor to the occupational pension scheme(s) named on this form, and I am **not** receiving earnings from any employment (including self-employment) in the United Kingdom.

Declaration of membership of a Public Service Pension Scheme* – please tick one box

***A Public Service Pension Scheme is one of the following pension schemes: Civil Service, Armed Forces, Teachers, NHS, Judiciary, Firefighters or Police**

I declare that I have no other membership of one of the above Public Service Pension Schemes.

I declare that I do have membership in one of the above Public Service Pension Schemes, and the dates of membership are as follows:

| Scheme | Dates of membership |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Name:

National Insurance number

Agreement to transfer (please read and sign)

- I have received details of my entitlement under my pension arrangements administered by Kent County Council and my new provider showing the benefits the transfer payment would buy for me in that scheme
- I understand that future benefits payable may not be equal to, or in the same form as those from the local government scheme and that it is my responsibility to ensure that the benefits purchased by the transfer value are appropriate to my own and my family's circumstances
- my new pension provider has confirmed whether there is a statutory obligation to provide survivor's benefits following the transfer
- I understand that if the discharge forms are returned outside the guarantee period then the transfer will be re-calculated, and the value may go up or down.

I have read the statements above, the information on pension liberation fraud and considered the options available to me. I confirm that I wish Kent County Council to pay a transfer, including any Additional Voluntary Contributions, to my new pension provider. I acknowledge that once payment has been made, I will have no further claim upon

- the scheme
- the employing authority, or
- the administering authority

for any pension benefits in any circumstances and that I will not be able to reinstate my benefits.

Please note that we cannot pay the cash transfer sum until or unless we receive and are satisfied with the receiving scheme discharge form.

Please read and tick the following statement:

I understand that, if the above scheme is not a public service pension scheme, an authorised master trust or an authorised collective defined contribution scheme, Kent County Council will need further information from you before we are able to make payment of any transfer

(Occupational and Personal Pension Schemes Regulations (Conditions for Transfers) 2021)

We will contact you again if we need further information.

Signed

Dated

You must sign the form. This must be your signature and not your printed name. Please upload the form to us. You can scan it and save it to your device or take a photo and then [use the secure online enquiry and document upload form](#)
If you are unable to do this, please [contact us](#)

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 www.kentpensionfund.co.uk/privacynotice