

New Pension Provider Transfer Form

Non overseas transfers only



Local Government Pension Scheme

Member name:

National Insurance number:

I certify that
(full name of new scheme/policy to be entered)

'The Scheme/Policy' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR):

Scheme registration check and declarations (please tick one box only)

I enclose a copy of 'the Scheme/Policy' registration certificate *[not required if 'the Scheme' is a statutory scheme]*

I declare that 'the Scheme' is a statutory scheme

'The Scheme/Policy' is both able and willing to accept the transfer value offered.

'The Scheme' meets the requirements of Regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847] or regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33] or 'The Policy' satisfies the requirements of the Occupational Pension Scheme (Discharge of Liability) Regulations 1997 (SI 1997/784) and of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 (SI 1996/1847).

The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme/under the Policy'.

I understand that Kent County Council will not pay the transfer value if they are dissatisfied with the completion of this form or the information provided or if they do not receive evidence of 'the HMRC registered status'.

Where the transfer payable is as a result of a pension sharing, 'The Scheme' satisfies the Pension Sharing (Pension Credit Benefit) Regulations 2000 (SI 2000/1054) and is not disqualified as a destination for a Pension Credit under the Pension Sharing (Implementation and Discharge of Liability) Regulations 2000 (SI 2000/1053).

1 Buy out policies only (please tick as appropriate)

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|---|--|
| <p>'The Company' is an insurance company i.e.</p> <ul style="list-style-type: none"> a) a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to effect or carry out contracts of long-term insurance; or b) an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule (as a result of qualifying for authorisation under paragraph 12 of that Schedule) to effect or carry out contracts of long-term insurance. | |
| <p>'The Company' will use the transfer value to secure relevant benefits for this person under 'the Policy' that fully complies with HMRC and DWP requirements, and that the benefits provided by 'the Policy' satisfy all HMRC statutory requirements and, both separately and in aggregate, are approvable in both form and amount by HMRC</p> | |
| <p>The Policy' is an appropriate policy and any GMP liability included in the transfer value will be accepted, appropriately secured (within the meaning of section 19 of the Pension Schemes Act 1993) and revalued at the fixed rate.</p> <p style="text-align: right;">The SCON for 'the policy is: <input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="S"/></p> | |

Member name:

National Insurance number:

2 Occupational Schemes only, including Group Workplace Personal Pensions

A member only has a statutory right to transfer to an occupational scheme if they are an earner and either employed by an employer who is a contributor to the Occupational Pension Scheme(s) named on this form, or is receiving earnings from any employment (including self employment) in the United Kingdom.

Is member an 'earner' as defined above? **Yes / No**
 If **Yes**, complete either a) or b) below. If **No**, no right to transfer to an occupational scheme.

| | | |
|--|-----------|--|
| a) An occupational scheme that was contracted out on 5 April 2016 (Please tick as appropriate and complete information below) | OR | b) An occupational scheme that was contracted in on 5 April 2016 (Please tick as appropriate) |
|--|-----------|--|

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| The member is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' (and was contracted out in relation to 'the Scheme') on the following date:- <input style="width: 100px;" type="text"/> The Scheme was a contracted-out salary related scheme (or the active COSR part of a contracted-out mixed benefit scheme) under: ECON <input style="width: 150px;" type="text"/> SCON <input style="width: 150px;" type="text"/> The Scheme will accept any transferred EPB / GMP and will revalue any GMP under *Limited / *Fixed / *Section 148 orders (*delete as applicable) | If 'the Scheme' is a Money Purchase Scheme, any part of the member's transfer value accepted by 'the Scheme' will be used to provide money purchase benefits for the member. |
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| | | | | | |
|--|--|------------|-----------|--------------------------|--------------------------|
| Is the scheme a Small Self Administered Scheme (SSAS) and if so, is member a trustee? If yes, please provide the date the SSAS was set up | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="height: 30px;"><input type="checkbox"/></td> <td style="height: 30px;"><input type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |

3 Non contracted out personal pensions only

| | |
|--|---------------|
| The person to whom the transfer relates is a member of 'the Scheme' and has agreed to be bound by its rules and 'The Scheme' will use the transfer value to provide money purchase benefits. | (please tick) |
|--|---------------|

| | |
|--|--|
| The Scheme Operator is authorised by the Financial Conduct Authority (FCA) – please provide FCA reference number | |
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All schemes - Pension freedoms check (please tick one box only)

The Scheme member **will not** be able to access flexible benefits in line with Part 4 Chapter 5 of the Pension Schemes Act 2015.

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)

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)

Member name:

National Insurance number:

All schemes (please tick one box only)

Please confirm the type of benefits the member is purchasing on transferring their pension rights.

Flexible benefits

- Money purchase benefits
- Cash balance benefits
- The 'third type' of benefits. This could fall within the definition of both flexible benefits and safeguarded benefits.

The 'Advice confirmation form' should be completed and returned if applicable. Please see member declaration as to other benefits payable from the LGPS in England and Wales before determining whether regulation 5 of The Pension Schemes Act (Transitional Provisions and Appropriate Independent Advice) Regulations 2015 applies).

Safeguarded benefits

Any benefits that are not Flexible benefits as detailed above. For example, a defined benefit pension.

All schemes (please tick)

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 the member before we are able to make payment of any transfer. (Occupational and Personal Pension Schemes Regulations (Conditions for Transfers) 2021)

We will contact the member directly if we require further information.

All schemes - Payment information

Address of receiving Scheme administrator

| | | |
|----------------------------------|----------------|----------------------|
| BACS details of receiving scheme | Bank name | <input type="text"/> |
| | Account name | <input type="text"/> |
| | Account number | <input type="text"/> |
| | Sort code | <input type="text"/> |

Signed (For receiving scheme) Date

Name

Member name:

National Insurance number:

You must sign the form. This must be your signature and not your printed name. You can use an electronic signature if you create one. Alternatively, you can manually sign the form, scan it, save it to your device and upload it. [Use the secure online enquiry and document upload form](#)

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