## New Pension Provider Transfer Form Non overseas transfers only



## **Local Government Pension Scheme**

Member name:

		number:
certify that		
	(full name of ne	w scheme/policy to be entered)
	Policy' is a registered pension scheme with	HM Revenue and Customs
(HIVIRC), Pensi	ion Scheme Tax Reference (PSTR):	
Scheme regis	istration check and declarations (ple	ase tick one box only)
l enclose a cop statutory scher	by of 'the Scheme/Policy' registration certif me]	cate [not required if 'the Scheme' is a
l declare that 'tl	the Scheme' is a statutory scheme	
The Scheme/P	Policy' is both able and willing to accept the	e transfer value offered.
(Transfer Value Schemes (Early 2006/33] <b>or</b> 'Th Liability) Regula		gulation 6 of the Occupational Pension
	as been given a statement showing details nder the Policy'.	s of the benefits the transfer value will buy in
	nat Kent Pension Fund will not pay the tran this form or the information provided or if thus'.	
Sharing (Pension for a	nsfer payable is as a result of a pension shion Credit Benefit) Regulations 2000 (SI 20 a Pension Credit under the Pension Sharillations 2000 (SI 2000/1053).	000/1054) and is not disqualified as a
1 Buy out po	olicies only (please tick as appropria	ite)
a) a perso 2000 to b) an EE/ has pe author	by is an insurance company i.e. son who has permission under Part 4 of the to effect or carry out contracts of long-term A firm of the kind mentioned in paragraph permission under paragraph 15 of that Schemission under paragraph 12 of that Schemission	insurance; or 5(d) of Schedule 3 to that Act, which edule (as a result of qualifying for
Policy' that ful 'the Policy' sat	y' will use the transfer value to secure rele lly complies with HMRC and DWP requirer tisfy all HMRC statutory requirements and both form and amount by HMRC	ments, and that the benefits provided by
accepted, app	an appropriate policy and any GMP liabilit propriately secured (within the meaning of valued at the fixed rate.	section 19 of the Pension Schemes Act
	The SCON for 'the p	olicy is: S

**National Insurance** 

Member name:		National Insura	ance ber:		
L					
2 Occupational	Schemes only				
employed by an en	s a statutory right to transfer to an occunployer who is a contributor to the Occ g earnings from any employment (inclu	upational Pensio	n Scheme(s)	named or	n this
Is member an 'earn	er' as defined above?				Yes / No
If Yes, complete eit	her a) or b) below. If <b>No</b> , no right to tra	ınsfer to an occu	pational sche	me.	
2016 (Please tick as appropriate and complete information below) that was a April 2016			that was co	cupational scheme contracted in on 5 6(Please tick as	
'the Scheme' and the employee became a member of 'the Scheme' (and was contracted out in relation to 'the Scheme') on the following date:-  The Scheme was a contracted-out salary related scheme (or the			Purchase S the member accepted by be used to p purchase be	eme' is a Money Scheme, any part of er's transfer value by 'the Scheme' will o provide money benefits for the	
Is the scheme a Small Self Administered Scheme (SSAS) and if so, is member a trustee?					No
If yes, please provide the date the SSAS was set up					
3 Non contracted out personal pensions only, including Group Workplace Personal Pension 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.  The Scheme Operator is authorised by the Financial Conduct Authority					
	ovide FCA reference number	iduot Authority			

## 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 Insu nu	rance mber:		
All schemes (pl	ease tick	one box or	nlv)				
Please confirm the pension rights.				ng on transferi	ring their		
Flexible bene	fits						
<ul><li>Money purch</li><li>Cash balance</li><li>The 'third typ safeguarded</li></ul>	e benefits e' of benefit		d fall within the de	finition of both	n flexible l	benefits an	d
The 'Advice confir Please see memb Wales before dete Provisions and Ap	er declaration	on as to othe ether regulat	er benefits payable ion 5 of The Pens	e from the LGI sion Schemes	PS in Eno Act (Trar		
Safeguarded	benefits						
Any benefits that a benefit pension.	are not Flexi	ble benefits	as detailed above	e. For example	e, a define	ed	
All schemes (pl	ease tick)						
I understand that, i master trust or an need further inform transfer. (Occupation Transfers) 2021)	authorised on ation from to and Pe	collective def the member rsonal Pensi	fined contribution before we are ab ion Schemes Reg	scheme, Kent le to make pay julations (Cond	t Pension yment of	Fund will any	
We will contact the	member di	rectly if we r	equire further info	ormation.			
All schemes - Pa	yment info	ormation					
Receiving Schem Company Name (details are required for fr. purposes and if full details inaccurate this could dela	aud and money are not provide	laundering					
Address of receiv Scheme administ							
BACS details of receiving scheme	Е	Bank name					
	Acc	ount name					
	Accou	nt number					
		Sort code					
Signed (For receiving sch	eme)				Date		

Name

Member name:	<b>National Insurance</b>	
	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. <u>Use the secure online enquiry and document upload form</u>

**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 – <a href="https://www.kentpensionfund.co.uk/privacynotice">www.kentpensionfund.co.uk/privacynotice</a>