New Pension Provider Transfer Form - QROPS Overseas Transfers Only



Local Government Pension Scheme

| Kent Pension Fund |
|-------------------|

| Member name: | Na | tional Insurance number: | |
|------------------------|----|---------------------------------|--|
| Full name of QROPS: | | QROPS number: | |
| Address of QROPS: | | Contact telephone number: | |
| Contact email address: | | | |

Check for QROPS status

In my capacity as manager of the above named QROPS, I certify that:

- This scheme is a qualifying recognised overseas pension scheme (QROPS) under UK tax law and has not been excluded from being a QROPS by HM Revenue and Customs (HMRC) in the UK. I enclose a copy of the letter from HMRC accepting the scheme's status as a QROPS. I will let you know immediately if the scheme is excluded from being a QROPS at any time before the transfer takes place.
- This QROPS is able and willing to receive the transfer payment and we will use the transfer payment to provide retirement benefits in this QROPS for the person named above.
- Both the member and we understand that the transfer value represents the whole of the member's
 pension arrangements administered by Kent Pension Fund in respect of the rights to which the
 transfer value relates, including any Guaranteed Minimum Pension (GMP) and post 1997 contracted
 out rights and any additional voluntary contributions the member made.
- We have given the member a statement showing the benefits we will award for the transfer payment and the conditions (if any) on which those benefits could be forfeited or withheld.
- 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).

Check for retirement age provision

Except where the QROPS falls within regulation 3(1A) of The Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206], the benefits payable to the member under the Scheme, to the extent that they consist of the member's relevant transfer fund, or ring-fenced transfer funds, are payable no earlier than they would be if pension rule 1 in section 165 of the Finance Act 2004 applied. Please tick **ONE** of the following statements:

| The Scheme is a scheme | OR | The Scheme is a scheme where | OR | The Scheme is a scheme |
|-------------------------|----|--------------------------------------|----|------------------------------------|
| which falls within | | the benefits payable to the member | | where the benefits payable to |
| regulation 3(1A) of The | | under the Scheme, to the extent | | the member under the |
| Pension Schemes | | that they consist of the member's | | Scheme, to the extent that |
| (Categories of Country | | relevant transfer fund, are payable | | they consist of the member's |
| and Requirements for | | no earlier than they would be if | | relevant transfer fund, are |
| Overseas Pension | | pension rule 1 in section 165 of the | | payable earlier than they |
| Schemes and Recognised | | Finance Act 2004 applied and I | | would be if pension rule 1 in |
| Overseas Pension | | confirm that The Scheme satisfies | | section 165 of the Finance |
| Schemes) Regulations | | regulation 3(1)(b) of those | | Act 2004 applied. |
| 2006 | | regulations [SI 2006/206]. | | |

| Member name: | | National | | | I Insurance | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| | | | | Nur | nber: | | |
| Check for flexible benefit provision | | | | | | | |
| Please tick ONE of the following statements: | | | | | | | |
| | | | | | | | |
| The Scheme member will not be able to access flexible benefits in line with Part 4 Chapter 5 of the Pension Schemes Act 2015. | OR | The Scheme member will be access flexible benefits in line 4 Chapter 5 of the Pension Schemes Act 2015 and, in relation to all from the LGPS in England and regulation 5 of the The Pension Schemes Act (Transitional Propand Appropriate Independent Regulations 2015 do not apply The joint scheme and membe 'Advice confirmation form' is a (Please see note below) Note: Please see member declar | with Part chemes benefits d Wales, on ovisions Advice) y. rs ttached. | OR ther be | to acce with Pa Pensic in relat the LG regular Schem Provis Independent 2015 c (Please | cheme member will be ess flexible benefits in art 4 Chapter 5 of the on Schemes Act 2015 ation to all benefits from GPS in England and Wation 5 of The Pension nes Act (Transitional ions and Appropriate endent Advice) Regulated apply. Se see note below) Layable from the LGPS in | line and, ales, tions |
| England and Wales before determining whether regulation 5 of the The Pension Sche Act (Transitional Provisions and Appropriate Independent Advice) Regulations 2015 applies | | | | | | | |

Check for status of the QROPS

Please tick **ONE** of the following statements (tick the **FIRST** scenario that applies):

This QROPS is an occupational pension scheme. The person named above is in an employment to which the QROPS applies and is a member of this QROPS. This QROPS is an overseas public service scheme falling within the definition of regulation 3(1B) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is in an employment to which the QROPS applies and is a member of this QROPS. This QROPS is an international organisation falling within the definition of regulation 2(5) of Pension Schemes (Categories of Country and Requirements for Overseas Pension Schemes and Recognised Overseas Pension Schemes) Regulations 2006 [SI 2006/206]. The person named above is a member of the QROPS and is employed by that international organisation. This QROPS is not an occupational scheme but the person named above is a member of this QROPS and is resident in the country where the receiving QROPS is based. This QROPS is not an occupational scheme but the person named above is a member of the QROPS and is resident in a country in the European Economic Area (EEA) and the QROPS is based in another EEA country. None of the above apply; please insert alternative description and provide scheme documentation:

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 Pension Fund 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.

| Member name | : | | | National Insu Nu | urance umber: | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|------------------------------------|---------------------|------------------|-----------------------|---|
| All schemes - | payment in | formatio | n (plea | se note no paymen | ts will b | e released by cheque) | |
| Payment to be released in: | | Sterling | g OR Other (please specify) | | ecify) | | |
| Receiving Scheme Company Name (details are required for fra purposes and if full details inaccurate this could delay | ud and money laund are not provided or a | | | | | | |
| BACS details of receiving scheme | Account name Swift/BIC number | | | | | | |
| | | | | | | | Ī |
| | | | | | | | |
| | IBAN number | | | | | | |
| Signed (For Receiving QR Name | (OPS) | | | | Date | | |

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 www.kentpensionfund.co.uk/privacynotice