

Local Government Pension Scheme
Application to Receive Retirement Benefits

RETIRE1

Please read the notes which accompany this form. Then complete the form and declaration as instructed in BLOCK CAPITALS.

Section 1 Personal Details

Full Name: _____ Title: _____
 Address: _____
 _____ Post Code: _____
 Date of Retirement: _____ Date of Birth: _____
 National Insurance No: _____ Daytime Phone No: _____
 Home Email Address : _____
 Employer : _____
 Job Title: _____ Pay Reference : _____

Section 2 Method of payment for Lump Sum and Pension

(Please choose ONE method only. Please consult your bank or building society in case of difficulty in completing this section.)

Name(s) of Account Holder(s): _____
 Name of Bank/Building Society: _____
 Address of Bank/Building Society: _____
 _____ Post Code: _____

Payment to Bank Account

Bank Sort Code: ____ - ____ - ____
 Account Holder(s) Bank Account No: ____ - ____ - ____ - ____ - ____ - ____

Payment to Building Society Account

Building Society Sort Code: ____ - ____ - ____
 Account Holder(s) Building Society Reference No: _____

**Roll Number: _____

**Building Society Bank: _____

**Building Society Bank Account No: ____ - ____ - ____ - ____ - ____ - ____

**Only applicable in certain circumstances

Section 3 Partnership Status Declaration

I certify that the following information is correct and undertake to inform LGSS Pensions Service should my partnership status change prior to my retirement.

(Please tick as appropriate)

- I am married and I enclose a copy of my Birth Certificate, my Marriage Certificate and my spouse's Birth Certificate.
- I have a Cohabiting Partner and my membership of the Local Government Pension Scheme ceased on or after 1 April 2008. I enclose a copy of my Birth Certificate and my partner's Birth Certificate.
- I have formed a Civil Partnership and I enclose a copy of my Birth Certificate, the Civil Partnership Schedule and my partner's Birth Certificate.
- I am a surviving spouse / surviving Civil Partner and I enclose a copy of my Birth Certificate, my spouse's / partner's Death Certificate and my Marriage Certificate / Civil Partnership Schedule.
- I am divorced / a former Civil Partner and I enclose a copy of my Birth Certificate and the Decree Absolute / Dissolution Order.
- I am single and have never been married / formed a Civil Partnership. I enclose a copy of my Birth Certificate.

Please note that certified photocopies (copy signed by you to certify that photocopy is a true copy of the original) are acceptable as all original certificates are sent at member's own risk.

Section 4 Conversion of Pension

Please select one of the following options:

- I would like further details of the benefits payable to me, including Pension to Lump Sum conversion options
- I would like to convert the maximum amount of my annual Pension into additional Lump Sum
- I would like a Lump Sum of £ _____ : _____ p . Please convert as much of my Pension as possible to reach this sum, or the allowable limit if lower
- I would like a Pension of £ _____ : _____ p per year. Please convert as much of the rest to Lump Sum as possible to the allowable limit
- I am not interested in converting any of my Pension into additional Lump Sum

Section 5 Additional Voluntary Contributions (AVC) Options

(Please tick the boxes that apply)

- I do not have a Local Government AVC fund
- OR** I wish to:
- Receive further information regarding my AVC fund, and the options available to me
 - Take the maximum Lump Sum possible from my Local Government AVC fund
 - Take £ _____ : _____ p as a Lump Sum from my Local Government AVC fund
 - Purchase an annuity with my Local Government AVC fund to provide benefits for myself and my dependants
 - Defer my decision (thereby limiting the maximum Lump Sum that can be taken to 25% of my AVC fund)

Section 6 Medical Report Consent (Ill-health Retirement Only)

LGSS Pensions Service require to see a copy of the final medical report, which has been used by your employer to make their ill-health retirement decision, solely for the purposes of verifying that your employer has made an appropriate decision. This will not affect the benefits that you have been awarded. Please tick the following to confirm your consent:

- I consent for a copy of the final medical report to be provided to LGSS Pensions Service by my employer.

Finance Act 2004: Lifetime Allowance Declaration of benefits from all sources

Please refer to section 19 – 23 (pages 4-5) of the Retirement Benefit Notes (RETIRE3) when you complete section 7 or sections 10-14 of this form.

Section 7 No other pensions in payment at due date

If the following statement applies to you, tick the box, complete Section 8 and the Section 9 Declaration. Sections 10 to 14 and the Section 15 Declaration on the final page do not apply to you.

- At the due date, i.e. the date at which I am entitled to receive payment of benefits under the Local Government Pension Scheme administered by LGSS Pensions Service, I will not be receiving any other pension benefits from any registered pension scheme(s) and will not have had a transfer of any pension benefits to an overseas arrangement.

Section 8 Recycling of Lump Sums

- I declare that I am not taking the tax free lump sum from the LGPS with the intention of significantly increasing contributions to one or more registered pension schemes.
- I declare that I am taking the tax free lump sum from the LGPS with the intention of significantly increasing contributions to one or more registered pension schemes. I understand that doing so may result in me becoming liable to tax charges and surcharges.

Please provide details: _____

Section 9 Declaration

If you have completed Sections 7 and 8 above, please sign the declaration below.

I hereby authorise my Lump Sum and Pension to be paid directly into the account as detailed in Section 2.

I certify that the statement(s) I give above and the information I have provided are correct and complete to the best of my knowledge. If tax becomes payable as the statement and information I have given prove to be incorrect, then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by Her Majesty's Revenue & Customs.

Signed: _____ Date: _____

Section 10 Pensions in payment before 6 April 2006

If the following statement applies to you, tick the box and provide details. If there is insufficient room, continue the details on to a separate piece of paper. Complete any other section which applies and sign the declaration at the end of the form.

I am in receipt of pension benefits that commenced before 6 April 2006

Details	Annual rate of pension in payment (before deduction of any tax) on due date	Annual rate of pension in payment (before deduction of any tax) on 5 April 2006
Pension 1	£ _____	£ _____
Pension 2	£ _____	£ _____
Pension 3	£ _____	£ _____
Pension 4	£ _____	£ _____
Pension 5	£ _____	£ _____

Section 11 Pensions that will have commenced payment on or after 6 April 2006 and before the due date

If the following statement applies to you, tick the box and provide details. If there is insufficient room, continue the details on to a separate piece of paper. Complete any other section which applies and sign the declaration at the end of the form.

I am in receipt of pension benefits that commenced on or after 6 April 2006 and before the due date at the top of this form

Details	Percentage of Lifetime Allowance (at the time that the benefit was taken) that the total benefit taken represents	If cash is protected under Primary Protection:	
		Amount of tax free cash received	Date benefit was taken (date of retirement from scheme)
Pension 1	_____ %	£ _____	_____ / _____ / _____
Pension 2	_____ %	£ _____	_____ / _____ / _____
Pension 3	_____ %	£ _____	_____ / _____ / _____
Pension 4	_____ %	£ _____	_____ / _____ / _____
Pension 5	_____ %	£ _____	_____ / _____ / _____

Section 12 Pensions from other arrangements coming into payment on the due date

If the following statement applies to you, tick the box and provide details. If there is insufficient room, continue the details on to a separate piece of paper. Complete any other section which applies and sign the declaration at the end of the form.

I have other pension benefits that are due to come into payment at the due date

Details	Percentage of Lifetime Allowance that the total benefit taken represents	The benefit will be treated as being paid before or after the LGPS benefit due from Cambridgeshire/Northamptonshire * Pension Fund
Pension 1	_____ %	Before * / After *
Pension 2	_____ %	Before * / After *
Pension 3	_____ %	Before * / After *
Pension 4	_____ %	Before * / After *
Pension 5	_____ %	Before * / After *

* Delete as appropriate

Section 13 Overseas transfers out on or after 6 April 2006

If the following statement applies to you, tick the box and provide details. If there is insufficient room, continue the details on to a separate piece of paper. Complete any other section which applies and sign the declaration at the end of the form.

A transfer of my pension benefits has been made (or is due to be made) to an Overseas pension arrangement on or after 6 April 2006 and before the due date

Details	Date of Transfer	Amount transferred
Transfer 1	____ / ____ / ____	£ _____
Transfer 2	____ / ____ / ____	£ _____
Transfer 3	____ / ____ / ____	£ _____
Transfer 4	____ / ____ / ____	£ _____
Transfer 5	____ / ____ / ____	£ _____

Section 14 Protection and Lifetime Allowance Enhancement

If the following statement applies to you, tick the box and provide the registration certificate from Her Majesty's Revenue & Customs.

I have valid protection or enhanced factors registered with Her Majesty's Revenue and Customs which need to be taken into account when considering my benefits

Section 15 Declaration

If you have completed section 8 and any of the sections 10 to 14, please sign the declaration below.

I hereby authorise my Lump Sum and Pension to be paid directly into the account as detailed in Section 2.

I certify that the statement(s) I give above and the information I have provided are correct and complete to the best of my knowledge. If tax becomes payable as the statement and information I have given prove to be incorrect, then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by Her Majesty's Revenue & Customs.

Signed: _____ Date: _____

The Cambridgeshire Pension Fund and Northamptonshire Pension Fund are a Data Controller under the General Data Protection Regulations. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, please visit:

Cambridgeshire Pension Fund - <http://pensions.cambridgeshire.gov.uk>
Northamptonshire Pension Fund - <http://pensions.northamptonshire.gov.uk>

This information can be made available in other languages and formats upon request such as Braille, large print and audio cassette. Please phone (01604) 366537 for further information.