

DURHAM COUNTY COUNCIL PENSION FUND

ELECTION TO TRANSFER BENEFITS FROM THE LOCAL GOVERNMENT PENSION SCHEME (LGPS) TO AN OCCUPATIONAL PENSION SCHEME

General notes:

1. Please read carefully and ensure the relevant Parts of this form are fully completed.
1. The Durham County Council Pension Fund will not accept incomplete forms.
2. Once completed, Parts A, B and either C, D or E should be returned to:

The County Treasurer
Durham County Council
County Hall
Durham
DH1 5UE

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| PART A | DECLARATION BY THE FORMER EMPLOYEE – please complete in block capitals | |
| Surname: | | Forename(s): |
| Address: | | |
| Postcode | | |
| Present Marital Status: | Married/Not Married (NB. If Marriage Certificate has not previously been forwarded, please attach it to this form. The certificate will be treated confidentially and returned promptly). | |
| Former LGPS Employer: | | |
| Date of leaving: | | |
| Name of current employer's occupational pension scheme: | | |
| <ul style="list-style-type: none"> • Having considered the options available to me I confirm it is my wish that the Administering Authority of the Durham County Council Pension Fund pays the whole of the transfer value in respect of my accrued pension rights in the Fund to my current employer's occupational pension scheme, hereinafter called 'the Scheme'. • I acknowledge that upon payment of the said transfer value neither I nor any person claiming under me* will have any further claim upon the Durham County Council Pension Fund, the Administering Authority or my former Employing Authority for any pension benefits in any circumstances or in any form in respect of the rights to which the transfer value relates. • I understand that the benefits in 'the Scheme' derived from the receipt of the transfer value may not be equal or equivalent to those that I or any person claiming under me* would otherwise have become entitled to from the Durham County Council Pension Fund. • I realise that it is my responsibility to ensure that the benefits purchased in 'the Scheme' by the transfer value are appropriate to my own and my family's circumstances and that no responsibility for this rests with the Administering Authority. • I confirm that I have not, within one month and one day of ceasing membership of the Local Government Pension Scheme (LGPS), again become a member of the LGPS. | | |
| I have read the 5 bullet points above and agree to the terms and conditions therein. | | |
| Signed: | | Date: |

- e.g. a spouse, dependant or a legal personal representative

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| PART B | DECLARATION BY THE ADMINISTRATOR(S) / TRUSTEE(S) OF THE RECEIVING SCHEME ('THE SCHEME') | | | | |
| Full name of scheme member: | | | | | |
| Member's NI number: | | | | | |
| <p>I certify that:</p> <ul style="list-style-type: none"> The ('the Scheme') <ul style="list-style-type: none"> *(a) is approved by the Commissioners of the Inland Revenue under Chapter I of Part XIV of the Income and Corporation Taxes Act 1988 (formerly Chapter II of Part II of the Finance Act 1970), or *(b) is a relevant Statutory Scheme as defined in Section 611A (1) of the Income and Corporation Taxes Act 1988 (formerly Section 26 (1) of the Finance Act 1970) 'The Scheme' meets the requirements of Regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847] 'The Scheme' is *a small self-administered scheme (complete Part C) / *a large self-administered scheme (complete Part D) / * an insured scheme (complete Part E) as defined by the Inland Revenue (see IR Pensions Update No 132 and Inland Revenue Practice Notes IR12) 'The Scheme's' PSO number is and I enclose a copy of 'the Scheme's' approval certificate (Note: it is not necessary to do so if the scheme is a Statutory Scheme). I authorise the Inland Revenue to provide the Durham County Council Pension Fund with independent confirmation or otherwise that 'the Scheme' is tax approved The member is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on 'The Scheme' is both able and willing to accept the transfer value offered The member has been given details of the benefits the transfer value will buy in 'the Scheme' The full name and address of 'the Scheme' is <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> If 'the Scheme' is a money purchase scheme, any part of the member's transfer value accepted by 'the Scheme' will be applied to provide money purchase benefits for and in respect of the member (including, where appropriate, protected rights based on the information supplied by the sending scheme) | | | | | |
| <p>The following sections need only to be completed if 'the Scheme' is contracted-out of SERPS/S2P.</p> <ul style="list-style-type: none"> The ECON and SCON are E and S *'The Scheme' is a Contracted-Out Salary Related Scheme (or the active COSR part of a Contracted-Out Mixed Benefit Scheme) *'The Scheme' is a Contracted-Out Money Purchase Scheme (or the active COMP part of a Contracted-Out Mixed Benefit Scheme) The member became contracted out in relation to 'the Scheme' on 'The Scheme' will accept any transferred EPB and/or GMP and/or section 9(2B) rights **The rate of revaluation that 'the Scheme' applies to transferred in GMP's is ***Limited Rate/Fixed Rate/Section 148 Orders. | | | | | |
| Signature of duly authorised person: | | | | Pension Scheme Stamp: | |
| Full name and position: | | | | | |
| Date: | | | | | |

* Delete as appropriate.

** Delete if 'the Scheme' is a Contracted-Out Money Purchase Scheme.

*** Delete as appropriate. Note that Limited Rate revaluation can only apply where the member left the LGPS prior to 6 April 1997.

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| PART C | SMALL SELF ADMINISTERED SCHEME – PENSION TRUSTEE DECLARATION | |
| <ul style="list-style-type: none"> • I am the Pension trustee of the scheme named in Part B. • I understand that Durham County Council Pension Fund must apply to the Inland Revenue for permission to pay the transfer value and that if the Durham County Council Pension Fund does not receive such permission it will not pay the transfer value. • I confirm that, if the Durham County Council Pension Fund obtains Inland Revenue permission, the transfer is to go ahead. • If the transfer value becomes payable I understand the Durham County Council Pension Fund must send the payment direct to 'the Scheme's' bank account, the details of which are set out below. I am a mandatory co-signatory for this account. <p>Account name: _____</p> <p>Account number: _____</p> <p>Sort code: _____</p> <p>Name and address of bank: _____</p> <p>_____</p> <ul style="list-style-type: none"> • I warrant and undertake that if the scheme member has made a false statement in the last bullet point of Part A, 'the Scheme' will repay to Durham County Council Pension Fund the full transfer value. | | |
| Signed (by Pension trustee): _____ | | |
| Full name of pensioner trustee: | | Date: |

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| PART D | LARGE SELF ADMINISTERED SCHEME – INLAND REVENUE APPROVAL AND PAYMENT CERTIFICATE | |
| <ul style="list-style-type: none"> • I understand that Durham County Council Pension Fund will not pay the transfer value if it is dissatisfied with the completion of Parts A or B of this form or does not receive evidence of the tax approved status of 'the Scheme' (other than a Statutory Scheme). • If the transfer value becomes payable the transfer cheque should be made payable to the following (crossed A/C Payee Only): <p>Scheme name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____ Post Code _____</p> <ul style="list-style-type: none"> • I warrant and undertake that if the scheme member has made a false statement in the last bullet point of Part A, 'the Scheme' will repay to Durham County Council Pension Fund the full transfer value. | | |
| Signature of duly authorised person: _____ | | |
| Full name and position: | | Date: |

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| PART E | INSURED SCHEME – LIFE OFFICE DETAILS | |
| <ul style="list-style-type: none"> • I understand that Durham County Council Pension Fund will not pay the transfer value if it is dissatisfied with the completion of Parts A or B of this form or does not receive evidence of the tax approved status of 'the Scheme' (other than a Statutory Scheme). • If the transfer value becomes payable I understand the transfer cheque must be made payable to the Life Office insuring the benefits in 'the Scheme'. • The name and address of that Life Office, to whom the cheque (crossed A/C Payee Only) is to be sent, is: Name: _____ Address: _____ _____ _____ Post Code _____ • I warrant and undertake that if the scheme member has made a false statement in the last bullet point of Part A, 'the Scheme' will repay to Durham County Council Pension Fund the full transfer value. | | |
| Signature of duly authorised person: | | |
| Full name and position: | Date: | |