

## **Deferred member Transfer Request Form**

### **Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme**

**To be completed by receiving Scheme Manager**

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### Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

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#### Instructions to administrators of the new scheme

Please complete **Parts A, B** and the relevant section in **Part C**.

Then return the completed form to: RCTCBC Pension Fund, Pension Section, Bronwydd House, Porth, CF39 9DL

<b>PART A</b>	<b>PLEASE COMPLETE THIS PART IN ALL CASES</b>
Member's Full Name	
Member's date of birth	
Member's NI Number	
Name of Personal Pension Scheme ('the Scheme')	
Address of Personal Pension Scheme which is to receive the transfer value	
	Postcode



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**PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE RCTCBC PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS**

**I certify that**

- The person named in Part A is a member of 'the Scheme' and has agreed to be bound by its rules
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme' and has authorised 'the Scheme' to accept the transfer value from the RCTCBC Pension Fund
- 'The Scheme' is both able and willing to accept the transfer value offered
- The Scheme' meets the requirements of regulation 12 of the Occupational Pension Scheme (Transfer Values) Regulations 1996 (SI 1996/1847)
- The Scheme is not an occupational pension scheme and is established by a person within section 154(1) of the Finance Act 2004
- 'The Company' is a financial institution
- 'The Scheme' is a registered pension scheme with HM Revenue and Customs (HMRC), Pension Scheme Tax Reference (PSTR): \_\_\_\_\_
- I enclose a copy of 'the Scheme's' registration certificate
- I authorise HMRC to provide the RCTCBC Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them
- 'The Scheme' will use the transfer value to provide rights for the member. I understand that the RCTCBC Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or the information provided above or if they do not receive evidence of 'the Scheme's' HMRC registered status

**Please also delete one of the following statements**

- 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)

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<b>OR</b>		
<ul style="list-style-type: none"><li>- 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)</li><li>• The scheme is / is not (<i>delete as appropriate</i>) a money purchase scheme, cash balance scheme, or a scheme, other than a <u>money purchase scheme</u> or <u>cash balance scheme</u>, whose benefits are calculated by reference to an amount available for the provision of benefits to or in respect of the member (whether the amount so available is calculated by reference to payments made by the member or any other person in respect of the member or any other factor)</li></ul>		
<b>Signature of authorised person</b>		<b>Official Company Stamp</b>
<b>Full name and position</b>		
<b>Date</b>		



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**PART C: Payment Details – please complete the section that applies to your scheme – you must complete one of the two sections**

<b>INSURED SCHEME - PAYMENT CERTIFICATE</b>			
<p>I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where <b>all</b> the income and other assets of the scheme are invested in policies of insurance.</p> <p>I understand the RCTCBC Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of 'the Scheme's' HMRC registered status.</p> <p>If the transfer value becomes payable I understand that, in accordance with section 266 of the Finance Act 2004, the payment must be made to the Scheme Administrator (as defined in sections 270 to 274 of that Act) or to an Insurance Company that issued any of the policies insuring the benefits in 'the Scheme'.</p>			
<b>Payment instructions</b> If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to;			
Account Name		Name/Address of Bank	
Account Name		Sort Code	
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			

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SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is <b>not</b> an "insured scheme" i.e. it is <b>not</b> a pension scheme where <b>all</b> the income and other assets of the scheme are invested in policies of insurance.</p> <p>I understand the RCTCBC Pension Fund will not pay the transfer value if they are dissatisfied with the completion of this form or do not receive evidence of the HMRC registered status of 'the Scheme'.</p>			
<b>Payment instructions</b>			
If the transfer value becomes payable the payment should be made to;			
Account Name		Name/Address of Bank	
Account Number		Sort Code	
<b>Signature of authorised person</b>		<b>Date</b>	
<b>Full name and position</b>			



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