

Transfer Out Member Declaration forms

This Document contains the transfer out declaration forms listed below. Please use the page links in the table below to navigate to the appropriate forms.

Receiving Scheme	Deferred Refund Member A member that has not met the Scheme's vesting period	Deferred Member A member that has met the Scheme's vesting period	In-house AVC For Deferred Members that also have an in-house Additional Voluntary Contribution (AVC) fund
An Occupational pension scheme contracted-in on 5th April 2016	<u>Pages: 4 to 9</u>	<u>Pages: 22 to 28</u>	<u>Pages: 42 to 47</u>
A Personal Pension	<u>Pages: 10 to 15</u>	<u>Pages: 29 to 35</u>	<u>Pages: 48 to 53</u>
A Salary-related Occupational pension scheme that was contracted-out on 5th April 2016	<u>Pages: 16 to 21</u>	<u>Pages: 36 to 41</u>	<u>Pages: 54 to 59</u>



Advice Confirmation Form

Confirmation that appropriate Independent Advice has been obtained from an Authorised Independent Adviser

Information: Before a transfer of safeguarded benefits from the Local Government Pension Scheme (LGPS) can take place, a scheme member must provide proof that they have taken appropriate Independent Advice.

Instructions for Completion: This form must be completed by the Authorised Independent Adviser from whom advice has been sought regarding a transfer to an arrangement offering flexible benefits¹ i.e. a Defined Contribution (DC) scheme. Once completed, the form should be given to the scheme member who, if they wish to proceed with the transfer², must also sign the form and return the completed form to the **Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.**

1. I(the Adviser's name) have provided advice which is specific to a transfer of safeguarded benefits from the LGPS to an arrangement offering flexible benefits to the scheme member noted in section 5 below and the advice is specific to the type of transaction proposed by the scheme member.
2. I have authorisation from the Financial Conduct Authority (FCA) and can act as an authorised Independent Adviser, as permitted under Part 4A of the Financial Service and Markets Act 2000, or resulting from any other provisions of that Act, to carry on the regulated activity in Article 53E of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001 or I am acting as an appointed representative (within the meaning given by section 39(2) of that Act) in relation to a regulated activity so specified.
3. I am a pension transfer specialist or, if I am not, the advice I have provided has been checked by a pension transfer specialist³.
4. The FCA reference number of the company or business in which I work for the purposes of authorisation from the FCA to carry out the regulated activity in the aforementioned article 53E is (insert Firm Reference Number)⁴.
5. This advice has been provided to (insert Member's name & NI number) who is a member of the Local Government Pension Scheme in England and Wales.

Adviser's Declaration			
Adviser Signature:		Date:	
PRINT NAME:			

6. I, the scheme member named in section 5, certify that I have received the advice as set out in Section 1.

Member's Declaration			
Full Name:		N.I. Number:	
Signature:		Date:	

¹ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a money purchase benefit, cash balance benefit, or benefit, other than a money purchase benefit or cash balance benefit, 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).

² The scheme member and the receiving scheme will also be required to sign transfer discharge forms issued by the LGPS Pension Fund.

³ A pension transfer specialist is an individual appointed by a firm to check the suitability of a pension transfer who has passed the required examinations as specified in the FCA's Training & Competence sourcebook.

⁴ The LGPS Pension Fund will check the Financial Services Register maintained by the FCA to check whether the Firm's Reference Number includes permissions to advise on pension transfers and that there is no limitation excluding activity under article 53E.

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the Dyfed Pension Fund to be transferred to another scheme. The completed form must be returned within **3 months** after the calculation date shown on your transfer value statement and sent to the:

Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form, which you should get your new scheme to complete and return to you, so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS rights

1. Title		
2. Surname:		
3. Forename(s):		
4. Date of birth:		
5. N.I. Number *:		
6. Address:		
		Postcode:
7. Name of employer to which the transfer relates:		
8. Date of leaving LGPS active membership to which the transfer relates:		

9. Present status:	<p>Please tick the appropriate box:</p> <p> I am currently in an opposite sex marriage; <input type="checkbox"/> I am currently in a same sex marriage; <input type="checkbox"/> I am currently in an opposite sex civil partnership; <input type="checkbox"/> I am currently in a same sex civil partnership; <input type="checkbox"/> I have a co-habiting partner; <input type="checkbox"/> OR None of the above apply <input type="checkbox"/> </p>	
10. Full name & address of the registered occupational pension scheme to which you want your LGPS rights in the Dyfed Pension Fund to be transferred <i>(if more than one scheme, please give second scheme details on a separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i>		
		Postcode:

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium, where appropriate) I would be entitled to under the Local Government Pension Scheme (LGPS) in the Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) I may transfer to another scheme.
- I have received a statement from the scheme(s) to which the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not [*please delete as appropriate*] already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold [*please delete as appropriate*] any other LGPS pension rights that are not in payment (other than (i) a widow's, widower's, civil partner's or surviving cohabiting partner's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership)
- I am / am not [*please delete as appropriate*] still an active member of the LGPS (i.e. still paying pension contributions to the LGPS)
- I am a member of the occupational scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No** (delete as appropriate)

Formal election to transfer my LGPS rights to the registered pension scheme named on this form.

- Having considered the choices available to me, I elect for the Dyfed Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made, calculated by reference to the date I ceased membership) to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand and that I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the Dyfed Pension Fund.
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits from the Dyfed Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given on all pages of this form is correct and complete.

Signed:		Date:	
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Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

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

Then return the completed form to:

Dyfed Pension Fund,
County Hall,
Carmarthen
SA31 1JP

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

PART B:	PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE DYFED PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.
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I certify that:

- '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 [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the Dyfed Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is an occupational pension scheme that is *(delete as appropriate)*:
 - ***a self-administered scheme**, or
 - ***an insured scheme** i.e. a pension scheme where all of the income and other assets are invested in policies of insurance.
- 'The Scheme' meets the requirements of regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33].
- 'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'.
- The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits for the member.
- The member is employed by and is in receipt of earnings from an employer that participates in the Occupational Pension Scheme(s) named on this form. Yes / No (delete as appropriate)
- The member is not employed by an employer who is a contributor to the Occupational Pension Scheme(s) named on this form, but is employed by an employer elsewhere in the United Kingdom

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) **OR**
- 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)

Signature of authorised person:		Pension Scheme Stamp:
Full Name:		
Position:		
Date:		

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

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme).			
Payment instructions In order to process the transfer payment please provide the following: Sort Code: _____ Account Number: _____ Account Name: _____ Address: _____			
Signature of authorised person:		Date:	
Full Name:			
Position:			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme). 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'.			
Payment instructions If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: _____ Account Number: _____ Account Name: _____ Address: _____			
Signature of authorised person:		Date:	
Full Name:			
Position:			

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the Dyfed Pension Fund to be transferred to another scheme. The completed form must be returned within **3 months** after the calculation date shown on your transfer value statement and sent to the:

Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form, which you should get your new scheme to complete and return to you, so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS rights

1. Title	
2. Surname:	
3. Forename(s):	
4. Date of birth:	
5. N.I. Number *:	
6. Address:	
	Postcode:
7. Name of Former Employer to which this transfer relates:	
8. Date of Leaving LGPS active membership to which this transfer relates:	

9. Present status:	<p>Please tick the appropriate box:</p> <p>I am currently in an opposite sex marriage; <input type="checkbox"/></p> <p>I am currently in a same sex marriage; <input type="checkbox"/></p> <p>I am currently in an opposite sex civil partnership; <input type="checkbox"/></p> <p>I am currently in a same sex civil partnership; <input type="checkbox"/></p> <p>I have a co-habiting partner; <input type="checkbox"/></p> <p>OR</p> <p>None of the above apply <input type="checkbox"/></p>
10. Full name & address of the registration Personal Pension Scheme & scheme administrator (if different) to which you want your LGPS rights in the Dyfed Pension Fund to be transferred <i>(if more than one scheme, please give second scheme details on a separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i>	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium, where appropriate) I would be entitled to under the Local Government Pension Scheme (LGPS) in the Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) I may transfer to another scheme.
- I have received a statement from the scheme(s) to which the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a N.I. number on this form this is because I do not qualify for one.
- I am / am not *[please delete as appropriate]* already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS pension rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still an active member of the LGPS (i.e. still paying pension contributions to the LGPS).

Election to transfer my LGPS rights to the registered pension scheme named on this form

- Having considered the choices available to me, I elect for the Dyfed Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made, calculated by reference to the date I ceased membership) to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand, and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the Dyfed Pension Fund.
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits from the Dyfed Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given on all pages of this form is correct and complete.

Signed:		Date:	
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Request for Payment of Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

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

Then return the completed form to:

Dyfed Pension Fund,
County Hall,
Carmarthen
SA31 1JP

PART A	<u>PLEASE COMPLETE THIS PART IN ALL CASES:</u>
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:

PART B:	PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE DYFED PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.	
<p>I certify that:</p> <ul style="list-style-type: none"> • 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 Dyfed Pension Fund. • 'The Scheme' is both able and willing to accept the transfer value offered. • 'The Scheme' meets the requirements of regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33]. • 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 enclose a copy of 'the Scheme's' registration certificate [not required if 'the Scheme' is a Statutory Scheme]. • I authorise HMRC to provide the Dyfed 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 Dyfed 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: <ul style="list-style-type: none"> - 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); OR - The member will only be able to access benefits from this scheme on and 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). 		
Signature of authorised person:		Official Company Stamp:
Full name:		
Position:		
Date:		

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

INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where all the income and other assets of the scheme are invested in policies of insurance. I understand the Dyfed 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. 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>			
<p>Payment instructions:</p> <p>If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:</p> <p>Sort Code: _____ Account Number: _____</p> <p>Account Name: _____</p> <p>Address: _____</p>			
Signature of authorised person:		Date:	
Full Name:			
Position:			
SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is not an "insured scheme" i.e. it is not a pension scheme where all the income and other assets of the scheme are invested in policies of insurance. I understand the Dyfed 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>			
<p>Payment instructions:</p> <p>If the transfer value becomes payable, the payment should be made to:</p> <p>Sort Code: _____ Account Number: _____</p> <p>Account Name: _____</p> <p>Address: _____</p>			
Signature of authorised person:		Date:	
Full name:			
Position:			

Deferred Refund Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to a Salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) Pension Credit rights held in the Dyfed Pension Fund to be transferred to another scheme. The completed form must be returned within **3 months** after the calculation date shown on your transfer value statement and sent to the:

Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form, which you should get your new scheme to complete and return to you, so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS rights

1. Title:	
2. Surname:	
3. Forename(s):	
4. Date of birth:	
5. N.I. Number *:	
6. Address:	
	Postcode:
7. Name of former employer to which this transfer relates:	
8. Date of leaving LGPS active membership to which the transfer relates:	

<p>9. Present status:</p>	<p>Please tick the appropriate box:</p> <p>I am currently in an opposite sex marriage; <input type="checkbox"/></p> <p>I am currently in a same sex marriage; <input type="checkbox"/></p> <p>I am currently in an opposite sex civil partnership; <input type="checkbox"/></p> <p>I am currently in a same sex civil partnership; <input type="checkbox"/></p> <p>I have a co-habiting partner; <input type="checkbox"/></p> <p>OR</p> <p>None of the above apply <input type="checkbox"/></p>
<p>10. Full name and address of the registered pension s & scheme administrator (if different) to which you want your LGPS rights in the Dyfed Pension Fund to be transferred <i>(if more than one scheme, please give second scheme details on a separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i></p>	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

- I have received details of the refund of contributions (including any deduction for tax and contributions equivalent premium where appropriate). I would be entitled to under the Local Government Pension Scheme (LGPS) in the Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) I may transfer to another scheme.
- I have received a statement from the scheme(s) to which the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a N.I. number on this form this is because I do not qualify for one.
- I am employed by an employer who is a contributor to the receiving scheme, or I have previously been a member of the receiving scheme.
- I am / am not *[please delete as appropriate]* already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS pension rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still an active member of the LGPS (i.e. still paying pension contributions to the LGPS).
- I am a member of the occupational scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No** (delete as appropriate)

Election to transfer my LGPS rightsto the registered pension scheme named on this form

- Having considered the choices available to me, I elect for the Dyfed Pension Fund to pay the cash equivalent transfer value (including the transfer value of any additional voluntary contributions I made, calculated by reference to the date I ceased membership) to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand, and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the Dyfed Pension Fund and where my LGPS benefits include a guaranteed minimum pension and / or section 9(2B) rights these will be treated in accordance with the receiving scheme's contracted-out rules.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits from the Dyfed Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given on all forms is correct and complete.

Signed:		Date:	
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Request for Payment of a Transfer Value from Administrators / Trustees of a Salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

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

Then return the completed form to:

**Dyfed Pension Fund,
County Hall,
Carmarthen
SA31 1JP**

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

PART B:	PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE DYFED PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.	
<p>I certify that:</p> <ul style="list-style-type: none"> '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 [not required if 'the Scheme' is a Statutory Scheme]. I authorise HMRC to provide the Dyfed Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them. 'The Scheme' is <i>(delete as appropriate)</i>: <ul style="list-style-type: none"> - a self-administered scheme, or an insured scheme i.e. a pension scheme where all of the income and other assets are invested in policies of insurance. 'The Scheme' meets the requirements of regulation 6 of the Occupational Pension Schemes (Early Leavers: Cash Transfer Sums and Contribution Refunds) Regulations 2006 [SI 2006/33]. The member named in Part A is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on _____ or was previously a member of the receiving scheme and joined on _____ and left on _____. <i>Delete as appropriate (if the transfer includes a GMP and / or section 9(2B) rights, this cannot be deleted if the transfer is to a salary-related formerly contracted-out occupational pension scheme)</i> 'The Scheme' IS both able and willing to accept the transfer value offered. The member has been given a statement showing details of the salary-related benefits the transfer value will buy in 'the Scheme'. The ECON and SCON are E _____ and S _____. 'The Scheme' is Contracted-Out Salary Related Scheme (or was the active COSR part of a formerly Contracted-Out Mixed Benefit Scheme). 'The Scheme' will accept any transferred EPB and/or GMP and/or section 9(2B) rights. Revaluation rate 'the Scheme' applies to transferred in GMPs is Limited Rate/Fixed Rate/Section 148 Orders. <i>Delete as appropriate (Limited Rate revaluation can only apply where the member left the LGPS before 6.4.97)</i> Please also delete one of the following statements: <ul style="list-style-type: none"> - 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); OR - The member will only be able to access benefits from this scheme on and 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). 		
Signature of authorised person:		Pension Scheme Stamp:
Full Name:		
Position:		
Date:		

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

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme).			
Payment instructions In order to process the transfer payment please provide the following: Sort Code: Account Number: Account Name: Address:			
Signature of authorised person:		Date:	
Full Name:			
Position:			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme). 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'.			
Payment instructions If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: Account Number: Account Name: Address:			
Signature of authorised person:		Date:	
Full Name:			
Position:			

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to an Occupational Pension Scheme that was contracted-in on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the Dyfed Pension Fund to be transferred to another scheme. Return the completed form to us at:

Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.

You must return this form within 3 months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

If received later than 3 months after the date shown, the transfer value will need to be recalculated, which means the new value may differ from the original value previously quoted.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which you should get your new scheme to complete and return to you so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS benefits

1. Title	
2. Surname:	
3. Forename(s):	
4. Date of birth:	
5. N.I. Number *:	
6. Address:	
	Post code:
7. Name of former employer to which this transfer relates:	
8. Date of leaving LGPS active membership to which this transfer relates:	

9. Present status	<p>Please tick the appropriate box:</p> <p>I am currently in an opposite sex marriage; <input type="checkbox"/></p> <p>I am currently in a same sex marriage; <input type="checkbox"/></p> <p>I am currently in an opposite sex civil partnership; <input type="checkbox"/></p> <p>I am currently in a same sex civil partnership; <input type="checkbox"/></p> <p>I have a co-habiting partner; <input type="checkbox"/></p> <p>OR</p> <p>None of the above apply <input type="checkbox"/></p>
10. Full name & address of the registered pension scheme & scheme administrator (if different) to which you want your LGPS rights in the Dyfed Pension Fund to be transferred <i>(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i>	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value (CETV) to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a N.I. number on this form this is because I do not qualify for one.
- I am / am not *[please delete as appropriate]* already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I am electing to transfer to the occupational pension scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS pension rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still an active member of the LGPS (i.e. still paying pension contributions to the LGPS).
- If the scheme(s) to which I elect the CETV to be paid offers flexible benefits⁶:
 - other than the pension rights to which this transfer relates, I do / do not *[please delete as appropriate]* have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a survivor's pension, (iii) pension credit benefits) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a survivor's pension (iii) pension credit benefits) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.
- I am a member of the occupational scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No** (delete as appropriate)

⁶ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

- money purchase benefit,
- cash balance benefit, or
- benefit, other than a money purchase benefit or cash balance benefit, 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).

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

- Having considered the choices available to me I elect for Dyfed Pension Fund to pay the cash equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand, and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the Dyfed Pension Fund.
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits from the Dyfed Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge, I declare the information given in this form is correct and complete.

Signature:		Date:	
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**Request for Payment of a Transfer Value from Administrators /
Trustees of an Occupational Pension Scheme that was contracted-in
on 5 April 2016 and Receiving Scheme Discharge Form**

Instructions to administrators / trustees of the new scheme:

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

Then return the completed form to:

**Dyfed Pension Fund,
County Hall,
Carmarthen,
SA31 1JP.**

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

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

I certify that:

- '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 [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the Dyfed Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is an occupational pension scheme that is:
 - **a self-administered scheme**, or
 - **an insured scheme** i.e. a pension scheme where all the income and other assets are invested in policies of insurance.
- 'The Scheme' meets the requirements of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847].
'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the Scheme'.
- The member is employed by and is in receipt of earnings from an employer that participates in the Occupational Pension Scheme(s) named on this form. Yes / No (delete as appropriate)
- The member is not employed by an employer who is a contributor to the Occupational Pension Scheme(s) named on this form, but is employed by an employer elsewhere in the United Kingdom
- The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits for the member.
- 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); **OR**
 - The member will only be able to access benefits from this scheme on and 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).
- The scheme is / is not (*delete as appropriate*) a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, 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).

Signature of Authorised Person:		Pension Scheme Stamp:
Full Name:		
Position:		
Date:		

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

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme).			
Payment instructions In order to process the transfer payment please provide the following: Sort Code: _____ Account Number: _____ Account Name: _____ Address: _____			
Signature of authorised person:		Date:	
Full Name:			
Position:			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme). 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'.			
Payment instructions If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: _____ Account Number: _____ Account Name: _____ Address: _____			
Signature of authorised person:		Date:	
Full Name:			
Position:			

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to A Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the Dyfed Pension Fund to be transferred to another scheme. Return the completed form to us at:

Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.

You must return this form within 3 months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

If received later than 3 months after the date shown, the transfer value will need to be recalculated, which means the new value may differ from the original value previously quoted.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which you should get your new scheme to complete and return to you so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS benefits

1. Title:	
2. Surname:	
3. Forename(s):	
4. Date of birth:	
5. N.I. Number *:	
6. Address:	
	Post code:
7. Name of former employer to which the transfer relates:	
8. Date of leaving LGPS active membership to which this transfer relates:	

9. Present status	<p>Please tick the appropriate box:</p> <p>I am currently in an opposite sex marriage; <input type="checkbox"/></p> <p>I am currently in a same sex marriage; <input type="checkbox"/></p> <p>I am currently in an opposite sex civil partnership; <input type="checkbox"/></p> <p>I am currently in a same sex civil partnership; <input type="checkbox"/></p> <p>I have a co-habiting partner; <input type="checkbox"/></p> <p>OR</p> <p>None of the above apply <input type="checkbox"/></p>
10. Full name & address of the registered personal pension scheme & scheme administrator (if different) to which you want your LGPS rights in the Dyfed Pension Fund to be transferred <i>(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i>	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the CETV to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- If I have not quoted a N.I. number on this form this is because I do not qualify for one.
- I am / am not *[please delete as appropriate]* already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I am electing to transfer to the registered pension scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS pension rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still an active member of the LGPS (i.e. still paying pension contributions to the LGPS).
- If the scheme(s) to which I elect the cash equivalent transfer value to be paid offers flexible benefits⁷:
 - other than the pension rights to which this transfer relates, I do / do not *[please delete as appropriate]* have other rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a survivor's or surviving cohabiting partner's pension (iii) pension credit benefits) in the LGPS and, if I do, I attach details of those benefits, and
 - if the transfer value of my total LGPS rights (other than in respect of (i) money purchase Additional Voluntary Contribution benefits or (ii) a widow's, widower's, civil partner's or surviving cohabiting partner's pension (iii) pension credit benefits) is more than £30,000, I have taken appropriate independent advice from an authorised independent adviser and attach a copy of the advice confirmation form signed by that adviser.

⁷ In this circumstance 'flexible benefit' means a transfer to any pension arrangement that offers a:

- money purchase benefit,
- cash balance benefit, or
- benefit, other than a money purchase benefit or cash balance benefit, 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).

Formal election to transfer my pension rights under the LGPS to the registered pension scheme named on this form

- Having considered the choices available to me I wish the Dyfed Pension Fund to pay the CETV to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme, but I accept and acknowledge that if the transfer includes rights in respect of a Guaranteed Minimum Pension, the transfer payment in respect of the GMP cannot be split across more than one scheme).

I confirm that, I understand, and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the Dyfed Pension Fund.
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits from the Dyfed Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given on all pages of this form is correct and complete.

Signature:		Date:	
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Request for Payment of a Transfer Value from Administrators / Trustees of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

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

Then return the completed form to:

Dyfed Pension Fund,
County Hall,
Carmarthen,
SA31 1JP

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

PART B: PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE DYFED 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 Dyfed 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 pension 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 Dyfed 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 Dyfed 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); **OR**
 - The member will only be able to access benefits from this scheme on and 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).
- The scheme is / is not* a money purchase scheme, cash balance scheme, or a scheme, other than a money purchase scheme or cash balance scheme, 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).

**Delete as appropriate.*

Signature of Authorised Person:		Official Company Stamp:
Full Name:		
Position:		
Date:		

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

INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where all the income and other assets of the scheme are invested in policies of insurance. I understand the Dyfed 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. 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>			
<p>Payment instructions</p> <p>If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:</p> <p>Sort Code: _____ Account Number: _____</p> <p>Account Name: _____</p> <p>Address: _____</p>			
Signature of authorised person:		Date:	
Full Name:			
Position:			

SCHEME THAT IS NOT INSURED - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is not an "insured scheme" i.e. it is not a pension scheme where all the income and other assets of the scheme are invested in policies of insurance. I understand the Dyfed 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>			
<p>Payment instructions</p> <p>If the transfer value becomes payable the payment should be made to:</p> <p>Sort Code: _____ Account Number: _____</p> <p>Account Name: _____</p> <p>Address: _____</p>			
Signature of authorised person:		Date:	
Full Name:		Position:	

Deferred Member's Transfer Request Form

Request for Payment of Cash Equivalent Transfer Value to A Salary-related Occupational Pension Scheme that was contracted-out on 5 April 2016

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) rights held in the Dyfed Pension Fund to be transferred to another scheme. Return the completed form to us at:

Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP.

You must return this form within 3 months after the calculation date shown on your transfer value statement or, if earlier, the date which falls 12 months before your Normal Pension Age under the LGPS, if you wish to proceed with the transfer.

If received later than 3 months after the date shown, the transfer value will need to be recalculated, which means the new value may differ from the original value previously quoted.

Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form which you should get your new scheme to complete and return to you so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS benefits

1. Title	
2. Surname:	
3. Forename(s):	
4. Date of birth:	
5. N.I. Number *:	
6. Address:	
	Post code:
7. Name of former employer to which the transfer relates:	
8. Date of leaving LGPS active membership to which the transfer relates:	

<p>9. Present status</p>	<p>Please tick the appropriate box:</p> <p>I am currently in an opposite sex marriage; <input type="checkbox"/></p> <p>I am currently in a same sex marriage; <input type="checkbox"/></p> <p>I am currently in an opposite sex civil partnership; <input type="checkbox"/></p> <p>I am currently in a same sex civil partnership; <input type="checkbox"/></p> <p>I have a co-habiting partner; <input type="checkbox"/></p> <p>OR</p> <p>None of the above apply <input type="checkbox"/></p>
<p>10. Full name & address of registered pension & scheme administrator (if different) to which you want your LGPS rights in the Dyfed Pension Fund to be transferred <i>(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i></p>	

DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the deferred benefits (if any) I hold under the Local Government Pension Scheme (LGPS) in the Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) of them.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a N.I. number on this form this is because I do not qualify for one.
- I am / am not *[please delete as appropriate]* already in receipt of a pension from the LGPS (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I am electing to transfer to the registered pension scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS pension rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still an active member of the LGPS (i.e. still paying pension contributions to the LGPS).
- I am a member of the occupational scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No** (delete as appropriate)

Formal election to transfer my LGPS rights to the registered pension scheme named on this form

- Having considered the choices available to me I elect the Dyfed Pension Fund to pay the cash equivalent transfer value to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand, and I accept that:

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which would have been payable under the LGPS from the Dyfed Pension Fund and where my LGPS benefits include a guaranteed minimum pension and/or section 9(2B) rights these will be treated in accordance with the receiving scheme's contracted-out rules.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits from the Dyfed Pension Fund in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

To the best of my knowledge and belief, I declare the information given on all pages of this form is correct and complete.

Signed:

Date:

Request for Payment of a Transfer Value from Administrators / Trustees of a Defined Benefit Occupational Pension Scheme that was contracted-out on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

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

Then return the completed form to:

**Dyfed Pension Fund,
County Hall,
Carmarthen,
SA31 1JP**

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

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

I certify that:

- '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 [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the Dyfed Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is a salary-related occupational pension scheme that was contracted-out on 5 April 2016 and is *(delete as appropriate)*:
 - **a self-administered scheme, OR an insured scheme** i.e. a pension scheme where all the income and other assets are invested in policies of insurance.
- 'The Scheme' meets the requirements of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847].
 The member named in Part A is an employee of an employer that contributes to 'the Scheme' and the employee became a member of 'the Scheme' on _____ or was previously a member of the receiving scheme and joined on _____ and left on _____. *Delete as appropriate (if the transfer includes a GMP and / or section 9(2B) rights, this cannot be deleted if the transfer is to a salary-related formerly contracted-out occupational pension scheme).*
- 'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the salary-related benefits the transfer value will buy in 'the Scheme'.
- The ECON and SCON are E on _____ and S _____.
- 'The Scheme' was a Contracted-Out Salary Related Scheme (or was the active COSR part of a formerly Contracted-Out Mixed Benefit Scheme).
- 'The Scheme' will accept any transferred EPB and / or GMP and / or section 9(2B) rights.
 The rate of revaluation 'the Scheme' applies to transferred in GMPs is Limited Rate / Fixed Rate / Section 148 Orders. *Delete as appropriate (Limited Rate revaluation can only apply where the member left the LGPS before 6.4.97)*
- 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); **OR**
 - The member will only be able to access benefits from this scheme on and 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).

Signature of Authorised Person:		Pension Scheme Stamp:
Full Name:		
Position:		
Date:		

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

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme).			
Payment instructions In order to process the transfer payment please provide the following: Sort Code: _____ Account Number: _____ Account Name: _____ Address: _____			
Signature of authorised person:		Date:	
Full Name:			
Position:			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed 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 pension scheme status (other than a Statutory Scheme). 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'.			
Payment instructions If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: _____ Account Number: _____ Account Name: _____ Address: _____			
Signature of authorised person:		Date:	
Full Name:			
Position:			

AVC Transfer Request Form

- Members who have met the vesting period

**Request for Payment of Cash Equivalent Transfer Value to
an Occupational Pension Scheme that was contracted-in on 5 April 2016**

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to another scheme. Return the completed form to us at the: **Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP**. Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form, which you should get your new scheme to complete and return to you, so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS AVC Fund

1. Title			
2. Surname:			
3. Forename(s):			
4. Date of birth:		5. N.I. Number*:	
6. Address:			
		Postcode:	
7. Name of former employer to which the transfer relates to:			
8. Date of ceasing LGPS AVC contributions to which the transfer relates:			
9. Full name & address of the registered pension scheme & scheme administrator (if different) to which you want your AVC Fund to be transferred			
<i>(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i>			
		Postcode:	

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not *[please delete as appropriate]* already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a survivor's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I am electing to transfer to the scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS AVC rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still paying AVCs as an active member of the LGPS (i.e. still paying pension contributions and AVCs to the LGPS).
- I am a member of the occupational scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No** (delete as appropriate)

Formal election to transfer my LGPS AVC Fund to the registered pension scheme named on this form

- Having considered the choices available to me I elect for the realisable value of my AVC Fund be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand, and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash Equivalent Transfer Value (CETV) has been paid.
- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependents may otherwise have become entitled to from the AVC Fund.
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the AVC provider, the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme.
- The scheme to which I am electing the CETV be paid to may offer different options, including the option to select an annuity.
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at www.moneyadvice.service.org.uk/en/articles/free-printed-guides#pensions-and-retirement called "Your pension: it's time to choose" that explains the characteristic features of the options.
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice.
- There may be tax implications associated with flexibly accessing benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

To the best of my knowledge and belief, I declare the information given on all pages of this form is correct and complete.

Signed:		Date:	
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Request for Payment of a Transfer Value from Administrators / Trustees of an Occupational Pension Scheme that was contracted-in on 5 April 2016 and Receiving Scheme Discharge Form

Instructions to administrators / trustees of the new scheme:

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

Then return the completed form to:

**Dyfed Pension Fund,
County Hall,
Carmarthen,
SA31 1JP.**

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

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

I certify that:

- '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 [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the Dyfed Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is an occupational pension scheme that is (*delete as appropriate*):
- **a self-administered scheme**, or **an insured scheme** i.e. a pension scheme where all the income and other assets are invested in policies of insurance.
- 'The Scheme' meets the requirements of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847].
- 'The Scheme' is both able and willing to accept the transfer value offered.
- The member has been given a statement showing details of the benefits the transfer value will buy in 'the scheme'.
- The member's transfer value accepted by 'the Scheme' will be used to provide transfer credits to the member.
- The member is employed by and is in receipt of earnings from an employer that participates in the Occupational Pension Scheme(s) named on this form. **Yes / No** (delete as appropriate)
- The member is not employed by an employer who is a contributor to the Occupational Pension Scheme(s) named on this form, but is employed by an employer elsewhere in the United Kingdom

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); **OR**
- The member will only be able to access benefits from this scheme on and 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).

Signature of Authorised Person:		Official Company Stamp:
Full Name:		
Position:		
Date:		

PART C: Payment Details - Please complete the section that applies to you scheme
- You MUST complete one of the two sections.

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed Pension Fund will not pay, or instruct its AVC provider to 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 pension scheme status (other than a Statutory Scheme).			
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: Account Number: Account Name: Address:			
Signature of Authorised Person:		Date:	
Full Name & Position:			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed Pension Fund will not pay, or instruct its AVC provider to 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 pension scheme status (other than a Statutory Scheme). 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'.			
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: Account Number: Account Name: Address:			
Signature of Authorised Person:		Date:	
Full Name & Position:			

AVC Transfer Request Form

- Members who have met the vesting period

Request for Payment of Cash Equivalent Transfer Value to a Personal Pension Scheme

Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to a Buy-Out Policy. Return the completed form to us at the: **Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP**. Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form, which you should get your new scheme to complete and return to you, so that you can attach it to this form.

About you and the registered pension scheme to which you elect to transfer your LGPS AVC Fund

1. Title			
2. Surname:			
3. Forename(s):			
4. Date of birth:		5. N.I. Number*:	
6. Address:			
		Postcode:	
7. Name of former employer to which this transfer relates:			
8. Date of ceasing LGPS AVC to which this transfer relates:			
9. Full name of registered pension scheme & scheme administrator address of the Personal Pension Scheme to which you want your AVC Fund to be transferred <i>(if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</i>			

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- Having considered the choices available to me I wish the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).
- I am / am not *[please delete as appropriate]* already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a survivor's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS AVC rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still paying AVCs as an active member of the LGPS (i.e. still paying pension contributions and AVCs to the LGPS).

Formal election to transfer my LGPS AVC Fund to the registered pension scheme named on this form

- Having considered the choices available to me I elect for the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand, and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash Equivalent Transfer Value (CETV) has been paid.
- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.
- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependents may otherwise have become entitled to from the AVC Fund.
- There is no statutory requirement on the receiving scheme(s) to provide for survivor's benefits out of the transfer payment.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the AVC provider, the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme.
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity.
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at www.moneyadviceservice.org.uk/en/articles/free-printed-guides#pensions-and-retirement called "Your pension: it's time to choose" that explains the characteristic features of the options.
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice.
- There may be tax implications associated with flexibly accessing benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

To the best of my knowledge and belief, I declare the information given on all pages of this form is correct and complete.

Signed:		Date:	
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Request for Payment of a Transfer Value from Administrators of a Personal Pension Scheme and Receiving Scheme Discharge Form

Instructions to administrators of the new scheme:

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

Then return the completed form to:

Dyfed Pension Fund,
County Hall,
Carmarthen,
SA31 1JP.

PART A	<u>PLEASE COMPLETE THIS PART IN ALL CASES:</u>
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:

PART B:	PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE DYFED PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.
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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.
- '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 Dyfed 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 Dyfed Pension Fund will not pay, or instruct its AVC provider to 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); **OR**
 - The member will only be able to access benefits from this scheme on and 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).

Signature of Authorised Person:		Official Company Stamp:
Full Name:		
Position:		
Date:		

PART C: Payment Details - Please complete the section that applies to you scheme
- You MUST complete one of the two sections.

INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is an "insured scheme" i.e. a pension scheme where all the income and other assets of the scheme are invested in policies of insurance. I understand the Dyfed Pension Fund will not pay, or instruct its AVC provider to 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. 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>			
<p>Payment instructions:</p> <p>If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:</p> <p>Sort Code: _____ Account Number: _____</p> <p>Account Name: _____</p> <p>Address: _____</p>			
Signature of Authorised Person:			Date:
Full Name & Position:			

SCHEME THAT IS NOT AN INSURED SCHEME - PAYMENT CERTIFICATE			
<p>I certify that 'the Scheme' is not an "insured scheme" i.e. it is not a pension scheme where all the income and other assets of the scheme are invested in policies of insurance. I understand the Dyfed Pension Fund will not pay, or instruct its AVC provider to 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>			
<p>Payment instructions:</p> <p>If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to:</p> <p>Sort Code: _____ Account Number: _____</p> <p>Account Name: _____</p> <p>Address: _____</p>			
Signature of Authorised Person:			Date:
Full Name & Position:			

AVC Transfer Request Form

- Members who have met the vesting period

**Request for Payment of Cash Equivalent Transfer Value to
a Salary-related Occupational Pension Scheme that was contracted-out on
5 April 2016**

<p>Please complete this form if you want the value of your Local Government Pension Scheme (LGPS) AVC Fund to be transferred to another scheme. Return the completed form to us at the: Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP. Please note that we cannot pay the transfer value until or unless we receive and are satisfied with the Receiving Scheme Discharge Form, which you should get your new scheme to complete and return to you, so that you can attach it to this form.</p>			
<p>About you and the registered pension scheme to which you elect to transfer your LGPS AVC Fund</p>			
1. Title			
2. Surname:			
3. Forename(s):			
4. Date of birth:		5. N.I. Number*:	
6. Address:			
		Postcode:	
7. Name of former employer to which the transfer relates:			
8. Date of ceasing LGPS AVC to which the transfer relates:			
<p>9. Full name & address of the registered pension scheme & scheme administrator (if different) to which you want your AVC fund to be transferred to (if more than one scheme please give second scheme details on separate sheet and indicate in what proportions you would like the transfer payment to be split between the schemes):</p>			

DECLARATION AND ELECTION FOR PAYMENT OF TRANSFER VALUE

I declare that:

- I have received details of the AVC Fund I hold under the Local Government Pension Scheme (LGPS) administered by Dyfed Pension Fund and details of the cash equivalent transfer value (CETV) of the AVC Fund.
- I have received a statement from the scheme(s) to which I wish the cash equivalent transfer value to be paid showing the benefits the transfer payment would buy for me in that scheme or schemes.
- *If I have not quoted a National Insurance number on this form this is because I do not qualify for one.
- I am / am not *[please delete as appropriate]* already in receipt of a pension or annuity derived from AVCs I paid to the LGPS (other than (i) a survivor's pension or annuity derived from AVCs or (ii) a pension or annuity derived from an AVC Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- In addition to the rights I elect to transfer to the scheme named on this form, I hold / do not hold *[please delete as appropriate]* any other LGPS AVC rights that are not in payment (other than (i) a survivor's pension or (ii) a pension derived from a Pension Credit granted to me following a divorce or dissolution of a civil partnership).
- I am / am not *[please delete as appropriate]* still paying AVCs as an active member of the LGPS (i.e. still paying pension contributions and AVCs to the LGPS).
- I am a member of the occupational scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am employed by and receiving earnings from an employer that participates in the occupational pension scheme I am electing to transfer to **Yes / No** (delete as appropriate)
- I am receiving earnings from any employment (including self-employment) in the United Kingdom **Yes / No** (delete as appropriate)

Formal election to transfer my LGPS AVC Fund to the registered pension scheme named on this form

- Having considered the choices available to me I elect for the realisable value of my AVC Fund to be transferred to the scheme(s) I have named on this form (and in the proportions shown by me if I have indicated that I wish the transfer value to be split between more than one scheme).

I confirm that, I understand, and I accept that:

- I must have ceased paying AVCs under the Local Government Pension Scheme (LGPS) and, if still an active member of the LGPS, I cannot recommence payment of AVCs until after the Cash Equivalent Transfer Value (CETV) has been paid.
- The CETV payable to the new scheme(s) represents the whole of the realisable value of my AVC Fund and the amount payable will be determined on or about (or by reference to) the date of my transfer election.

DECLARATION AND REQUEST FOR PAYMENT OF TRANSFER VALUE

- The benefits the transfer value buys in the new scheme(s) may be in a different form and of a different amount to those which I or my dependents may otherwise have become entitled to from the AVC Fund.
- It is my responsibility to ensure the benefits the transfer value buys in the new scheme(s) are suitable for me and my family and that no responsibility for this rests with the AVC provider, the Dyfed Pension Fund, the LGPS administering authority or my former employer.
- On payment of the transfer value I will have no further benefits in respect of the rights to which the transfer value relates. Neither I nor my dependents will have any further claim in any circumstances or in any form on the AVC provider, the Dyfed Pension Fund, the LGPS administering authority or my former employer for or in relation to any rights to which the transfer value relates.

If I was aged 54 and 8 months or older when I requested details of the Cash Equivalent Transfer Value (CETV) which I now elect to be transferred to the scheme(s) I have named on this form I confirm that I acknowledge that:

- I have been provided with a statement of the alternative options available to me under the Local Government Pension Scheme.
- The scheme to which I wish the CETV to be paid may offer different options, including the option to select an annuity.
- Different options have different features, different rates of payment, different charges and different tax implications and I have been made aware of the guidance at www.moneyadvice.service.org.uk/en/articles/free-printed-guides#pensions-and-retirement called "Your pension: it's time to choose" that explains the characteristic features of the options.
- I am aware that, by visiting www.pensionwise.gov.uk, free, impartial, advice and guidance was available to help me understand my options before deciding to proceed with the transfer of my AVC Fund and that I should also have considered taking independent financial advice.
- There may be tax implications associated with flexibly accessing benefits from the scheme to which I wish the CETV to be paid, that income from a pension is taxable, and that the rate at which income from a pension is taxable depends on the amount of income I receive from a pension and from other sources.

To the best of my knowledge and belief, I declare the information given on pages of this form is correct and complete.

Signed:

Date:

**Request for Payment of a Transfer Value from Administrators
/ Trustees of a Defined Benefit Occupational Pension Scheme
that was contracted-out on 5 April 2016 and Receiving Scheme
Discharge Form**

Instructions to administrators / trustees of the new scheme:

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

Then return the completed form to:

**Dyfed Pension Fund,
County Hall,
Carmarthen,
SA31 1JP.**

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

PART B:

PLEASE READ THIS CERTIFICATE CAREFULLY AND COMPLETE IT FULLY. THE DYFED PENSION FUND WILL NOT ACCEPT INCOMPLETE OR UNSATISFACTORY FORMS.

I certify that:

- '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 [not required if 'the Scheme' is a Statutory Scheme].
- I authorise HMRC to provide the Dyfed Pension Fund with independent confirmation or otherwise that 'the Scheme' is registered with them.
- 'The Scheme' is a salary-related occupational pension scheme that was contracted-out on 5 April 2016 and is (*delete as appropriate*):
 - **a self-administered scheme, or an insured scheme** i.e. a pension scheme where all of the income and other assets are invested in policies of insurance.
- 'The Scheme' meets the requirements of regulation 12 of the Occupational Pension Schemes (Transfer Values) Regulations 1996 [SI 1996/1847].
- The member named in Part A 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 a statement showing details of the salary-related benefits the transfer value will buy in 'the scheme'.
- The ECON and SCON are E_____ and S_____.
- 'The Scheme' was a Contracted-Out Salary Related Scheme (or was the active COSR part of a formerly Contracted-Out Mixed Benefit Scheme).
- 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); **OR**
 - The member will only be able to access benefits from this scheme on and 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).

Signature of Authorised Person:

Full Name:

Position:

Date:

Official Company Stamp:

PART C: Payment Details - Please complete the section that applies to your scheme
- You MUST complete one of the two sections.

SELF ADMINISTERED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed Pension Fund will not pay, or instruct its AVC provider to 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 pension scheme status (other than a Statutory Scheme).			
Payment instructions: If the transfer value becomes payable, the payment should be made to: Sort Code: Account Number: Account Name: Address:			
Signature of Authorised Person:		Date:	
Full Name & Position:			

INSURED SCHEME - PAYMENT CERTIFICATE			
I understand the Dyfed Pension Fund will not pay, or instruct its AVC provider to 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 pension scheme status (other than a Statutory Scheme). 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'.			
Payment instructions: If the transfer value becomes payable, the payment to the Scheme Administrator or Insurance Company should be made to: Sort Code: Account Number: Account Name: Address:			
Signature of Authorised Person:		Date:	
Full Name & Position:			