

Active Members only

Part A – when completed send the whole form to your employer’s payroll office

1. Personal details

Full Name _____ Title _____
 Address _____

 Postcode _____
 Email _____
 National Insurance number

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 Date of birth

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 Payroll number

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2. Partnership status

Married Civil partner Cohabiting partner
 Single Divorced Civil partnership dissolved
 Widowed Date effective from: _____

3. Reason for request

Cash equivalent value for use in **divorce** proceedings

- We will provide information in our standard format, together with a schedule of charges that apply for work carried out in relation to divorce and pension sharing.

Estimate of benefits plus cash equivalent value for **independent financial adviser or financial planning**

- We will provide an estimate of your current benefits and a cash equivalent value for information only. You cannot transfer your LGPS benefits whilst you are contributing to the scheme.

4. Notes

We will provide the information you have requested within 15 working days of receiving the fully completed form from your employer. However, if we need to apply for details of the Guaranteed Minimum Pension (GMP) element of your pension, this will delay the calculation of the CEV. The scheme regulations and the Pensions Schemes Act 1993 state that a member is entitled to a Cash Equivalent Transfer Value for the purposes of transferring benefits provided that the member elects to transfer at least one year before their Normal Pension Age (NPA).

I confirm that I have read the notes above. I understand I am entitled to one cash equivalent value in any 12-month period.

Signed _____ Date _____

Part B - employer to complete**Actual pensionable pay**

Please give actual pay; use assumed pensionable pay where pay was reduced due to sickness absence, ordinary maternity, paternity or adoption leave, or additional maternity, paternity or adoption leave where pay was received and contributions paid.

Main section of LGPS

- From last 1 April to date employee signed the form £
- 1 April to 31 March – Previous scheme year £

50/50 section of LGPS

A member on nil pay due to sickness should be returned to the main section of the LGPS.

- From 1 April to date employee signed the form £
- From previous year, 1 April to 31 March £

Whole-time pensionable pay

Whole-time equivalent pensionable pay for the last 12 months to estimated date of leaving £

Hours and weeks – Please complete if you do not have access to the pensions system

Please confirm all changes of contractual hours while the person has been a member of the pension scheme (continue on separate sheet if needed)

Date		Hours per week		Weeks per year	50/50 section
From	To	Hours per week	Full time hours		
				/52	<input type="checkbox"/>
				/52	<input type="checkbox"/>
				/52	<input type="checkbox"/>
				/52	<input type="checkbox"/>

For employers with pensions system access

I have checked the member's record on the pension system and can confirm that the service history has been correctly updated.

Signed _____ Date _____

Completed By

Signed _____ Print Name _____

E-mail Address: _____ Date _____

Completed forms can be emailed to pensions@hants.gov.uk, or posted to: Hampshire Pension Services, The Castle, Winchester; SO23 8UB www.hants.gov.uk/pensions



For information on how we hold and use your data, please visit <https://www.hants.gov.uk/hampshire-services/pensions/local-government/contact-and-resources/privacy-notice>