

The London Borough of Hillingdon

Please note that the Trustees of the London Borough of Hillingdon or Capita cannot advise you whether it is in your interest to transfer your benefits to another registered pension scheme, and would suggest that you consider taking independent financial advice before taking this option. If you do not have an Independent Financial Adviser, you may find details of financial advisers in your area on the following website: www.unbiased.co.uk or call: 0330 1000 755.

In addition, further information to help you with making your decision to transfer can be obtained from:

- The Financial Conduct Authority (FCA)
- The Pensions Advisory Service (TPAS)
- The Pensions Regulator (TPR)
- The Money Advice Service

Contact details for these organisations are below.

Financial Conduct Authority

Consumer Helpline: 0800 111 6768
Open 8am to 6pm, Monday to Friday

Web page

<http://www.fca.org.uk/>

The Pensions Advisory Service

Pensions Helpline: 0845 601 12923
Open 9am to 5pm, Monday to Friday

Web page

www.pensionsadvisoryservice.org.uk/

The Pensions Regulator

Customer Support: 0870 606 3636
Open 9am to 5.30pm, Monday to Friday

Web page

www.thepensionsregulator.gov.uk

The Money Advice Service

Customer Support: 0300 500 5000
Open 8am to 8pm, Monday to Friday

Web page

<https://www.moneyadviceservice.org.uk/en/categories/transferring-between-pension-schemes>

The Pension Protection Fund

The PPF's function is to provide compensation to members of eligible pension schemes when there is a qualifying insolvency event in relation to an employer. This would happen if there were not enough assets in the pension scheme to cover the PPF level of compensation.

You need to know that as a member of the London Borough of Hillingdon, you could be eligible to receive compensation from the Pension Protection Fund (PPF) in the future. If you choose to transfer to another scheme that is not covered by the PPF, for example, a defined contribution scheme or an overseas pension scheme, you will lose this protection of your pension benefits.

TO BE COMPLETED BY THE MEMBER

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

Part A Personal Details

Title:	<input type="text" value="Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____"/>		
Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of Birth:	<input type="text"/>	National Insurance Number:	<input type="text"/>
Address:	<input type="text"/>		

Part B Transfer Options

In exercise of my statutory right to a Cash Equivalent Transfer Value in accordance with Chapter IV of the Pension Schemes Act 1993/right to a Cash Equivalent Transfer Value under the Scheme rules, I require the Trustees to (one box only):

Cancel my Application

I no longer wish to proceed with the transfer of my benefits

Transfer my pension rights to my nominated scheme

I wish to transfer my pension rights in the London Borough of Hillingdon to the following nominated pension arrangement:

Name of Receiving Scheme:	<input type="text"/>
Address for correspondence:	<input type="text"/>

TO BE COMPLETED BY THE MEMBER

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

Part C Declaration

IMPORTANT: Please carefully read the following declarations and confirm your acceptance by completing the form:

- In exercise of my statutory right to a Cash Equivalent Transfer Value in accordance with Chapter IV of the Pension Schemes Act 1993/right to a Cash Equivalent Transfer Value under the Scheme rules, I require the Trustees to transfer my benefits to the Receiving Scheme nominated in **Part B**.
- I understand that the choice of the Receiving Scheme and the type of benefits to be provided under the Receiving Scheme is my own decision and that in connection with this scheme I am not relying on any statements made by or on behalf of the Trustees of the London Borough of Hillingdon or by or on behalf of my Former Employer. I understand that the transfer payment will be paid directly to the Receiving Scheme and not via any third party.
- **Contracted-out schemes only** - I have been given full details of the Receiving Scheme and I understand the nature of the benefits payable from it, including the benefits that the transfer payment will provide. I have also been made aware of any conditions on which the benefits provided in exchange for the transfer could be forfeited or withheld.
- **Contracted-out schemes only** (transfer of GMPs/Section 9(2B) Rights to a non-contracted out scheme) - I consent to the transfer of my contracted-out benefits. I confirm receipt of a statement from the Receiving Scheme showing the benefits to be awarded in respect of the transfer payment, and I accept that:
 - the benefits to be provided by the Receiving Scheme may be in a different form and of a different amount to those which would have been payable by the London Borough of Hillingdon and
 - there is no statutory requirement on the Receiving Scheme to provide for survivor's benefits out of the transfer payment.
- I understand that the benefits to be awarded to me under the Receiving Scheme in respect of my Cash Equivalent Transfer Value will be different from those that would have been available from the London Borough of Hillingdon. I also realise that the benefits at retirement may be more or less than those I would have received from the London Borough of Hillingdon.
- I confirm that this transfer value is to be used for the purposes of providing pension benefits in retirement.
- I confirm that I have considered taking independent financial advice in relation to the transfer of my pension benefits from the London Borough of Hillingdon. Where advice has been sought, I confirm that the advisor has advised me in writing to proceed with the transfer to the Receiving Scheme.
- I have received and read the insert 'Predators stalk your pension' and have read the leaflet on the Pensions Advisory Service's website and understand the implications of pension liberation: www.pensionsadvisoryservice.org.uk/media/826600/members_leaflet.pdf

The London Borough of Hillingdon

Member Discharge Form - Form 2

- I confirm that:
 - (i) the transfer payment will not be part of a pension liberation arrangement (www.thepensionsregulator.gov.uk/regulate-and-enforce/pension-liberation.aspx); and
 - (ii) I am aware that any such arrangement as referred to in (i) above would give rise to severe tax charges on me by HMRC.
- I understand that the Trustees of the London Borough of Hillingdon and my Former Employer will be relying on confirmations given by me in this form.
- I understand that if the London Borough of Hillingdon is not satisfied that my nominated arrangement satisfies all the requirements under the relevant pensions legislation, the transfer will not take place.
- I realise that the payment of a transfer value will fully discharge the London Borough of Hillingdon from any liability to pay benefits to me, my dependants or my estate.
- I agree to indemnify the Trustees of the London Borough of Hillingdon and my Former Employer against any claims arising as a result of this transfer.

Upon payment of the Cash Equivalent Transfer Value as requested above, neither I nor any other person will have any further rights to benefits in respect of my membership of the London Borough of Hillingdon.

Signed: _____

Date: _____

Name: _____

The information provided will be processed by Capita for purposes only associated with the London Borough of Hillingdon and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

The London Borough of Hillingdon
Receiving Scheme Information – Form 3

TO BE COMPLETED BY THE RECEIVING SCHEME (ALL SCHEMES)

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

Please confirm the type of arrangement your scheme may be classified as: (Please tick)

1	A Registered Occupational Pension Scheme (complete Form 5)	<input type="checkbox"/>
2	A Registered Personal Pension or Stakeholder Pension Scheme (complete Form 6)	<input type="checkbox"/>
3	A Relevant Statutory Scheme (complete Form 5)	<input type="checkbox"/>
4	A Former Approved Superannuation Fund (“Old Code Scheme”) (complete Form 5)	<input type="checkbox"/>
5	Registered Retirement Annuity Contract (complete Form 6)	<input type="checkbox"/>
6	A Deferred Annuity Contract or Section 32 Buyout Policy (complete Form 7)	<input type="checkbox"/>

Please contact me immediately if the proposed transfer is a non-UK based pension arrangement as different requirements will apply.

	Yes	No
Is the Scheme a Registered Pension Scheme?	<input type="checkbox"/>	<input type="checkbox"/>

If no, please provide details on a separate sheet. Please note that transfers to unregistered schemes are not permitted transfers under the Finance Act 2004.

Please provide the following documentation:

	Enclosed?
• Your Pension Scheme Tax Reference (PSTR) Number	<input type="checkbox"/>
• A copy of the contracting out certificate where contracted out rights form part of the transfer payment	<input type="checkbox"/>
• Assurance that the transfer value is not payable through an independent broker	<input type="checkbox"/>
• A completed copy of the Authority Form IT1 (enclosed) to allow us to approach HMRC (if required) to confirm that the Receiving Scheme is registered for tax purposes.	<input type="checkbox"/>

**The London Borough of Hillingdon
Authority Form (IT1) – Form 4**

TO BE COMPLETED BY THE RECEIVING SCHEME (ALL SCHEMES)

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

NAME OF TRANSFERRING SCHEME: London Borough of Hillingdon

DECLARATION AND FORM OF AUTHORITY TO APPROACH HM REVENUE AND CUSTOMS

I confirm that the details given in this form concerning the pension scheme named below are correct to the best of my knowledge.

We hereby give our consent to the Trustees of the above named pension scheme, and to Capita acting on their behalf, to approach HM Revenue and Customs to confirm the tax registration status of the pension scheme named below.

Signature: _____

Date: _____

Name: _____
(BLOCK CAPITALS)

Position: _____

Name of Scheme: _____

PSTR Number: _____

The information provided will be processed by Capita for purposes only associated with the London Borough of Hillingdon and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Trust Based Occupational Pension Scheme Form - Form 5

TO BE COMPLETED ONLY BY TRUST BASED OCCUPATIONAL PENSION SCHEMES

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

Part A Member Details

Title:	<input type="text" value="Mr / Miss / Mrs / Ms / Dr / (delete as applicable) / other _____"/>		
Surname:	<input type="text"/>	Forenames (in full):	<input type="text"/>
Date of Birth:	<input type="text"/>	NI Number:	<input type="text"/>

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- § The Receiving Scheme is a registered pension scheme and **a screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number is attached.** Further, we authorise Her Majesty's Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a registered scheme.
- § The benefit to which the transfer value relates for service after 16 May 1990 has been equalised in accordance with the Equality Act 2010, **except for any Guaranteed Minimum Pension (GMP).** The GMP has been calculated in accordance with Pension Schemes Act 1993.
- § We are aware of and have read the Pension Regulator's webpage on pension liberation fraud and categorically confirm that the processing of the member's application to acquire transfer credits in the Receiving Scheme is not a pension liberation exercise.
- § The Member is a bona fide employee of the current employer which is a current participating employer in the Receiving Scheme.
- § We have received a Transfer Out Member Schedule in respect of London Borough of Hillingdon.
- §

	Yes	No
Is the Scheme an insured Scheme?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state the name of the Life Office insuring the Scheme's benefits:	<input type="text"/>	

Trust Based Occupational Pension Scheme Form - Form 5

TO BE COMPLETED ONLY BY TRUST BASED OCCUPATIONAL PENSION SCHEMES

Part C **Receiving Scheme Details**

Name of Receiving Scheme:	<input type="text"/>		
PSTR Number*:	<input type="text"/>		
ECON Number*:	<input type="text"/>	SCON Number*:	<input type="text"/>
Date Contracted-Out Employment began in Receiving Scheme:	<input type="text"/>		
Address of Scheme Administrator:	<input type="text"/>		

* Please provide documentary evidence.

Part D **Receiving Scheme Bank Details for BACS Transfer**

Name(s) of Account Holder(s):	<input type="text"/>		
Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
Sort Code:	<input type="text"/>	Account Number:	<input type="text"/>

Trust Based Occupational Pension Scheme Form - Form 5

TO BE COMPLETED ONLY BY TRUST BASED OCCUPATIONAL PENSION SCHEMES

Part F Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed: _____

Date: _____

Full Name: _____

On Behalf Of: _____

The information provided will be processed by Capita for purposes only associated with the London Borough of Hillingdon and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

**The London Borough of Hillingdon
Personal/Stakeholder Pension Scheme Form - Form 6**

TO BE COMPLETED ONLY BY PERSONAL/STAKEHOLDER PENSION SCHEME PROVIDER

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

Part A Member Details

Title:	Mr / Miss / Mrs / Ms / Dr / (delete as applicable) / other _____		
Surname:		Forenames (in full):	
Date of Birth:		NI Number:	

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- § We are a provider satisfying the requirements of Section 154 of the Pensions Act 2004, and are regulated by the Financial Conduct Authority (FCA).

- § The member's Cash Equivalent Transfer Value will be applied to one or more policies under a Personal/Stakeholder Pension Scheme which is registered under Chapter 2 Part 4 of the Finance Act 2004. Please find enclosed **a screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number**. Further, we authorise Her Majesty's Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a Registered Pension Scheme.

- § We are aware of and have read the Pension Regulator's webpage on pension liberation fraud and categorically confirm that the processing of the member's application to acquire transfer credits in the Receiving Scheme is not a pension liberation exercise.

- § The benefit to which the transfer value relates for service after 16 May 1990 has been equalised in accordance with the Equality Act 2010, **except for any Guaranteed Minimum Pension (GMP)**. The GMP has been calculated in accordance with Pension Schemes Act 1993.

- § We have received a Transfer Out Member Schedule in respect of the London Borough of Hillingdon.

	Yes	No
Has the member taken up immediate membership of the personal/stakeholder pension scheme?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is CA1888/CA1889 applicable?	<input type="checkbox"/>	<input type="checkbox"/>

**The London Borough of Hillingdon
Personal/Stakeholder Pension Scheme Form - Form 6
TO BE COMPLETED ONLY BY PERSONAL/STAKEHOLDER PENSION SCHEME PROVIDER**

Part C Receiving Scheme Details

Name of Receiving Scheme:	<input style="width: 100%;" type="text"/>
PSTR Number*:	<input style="width: 100%;" type="text"/>
Address of Provider:	<input style="width: 100%; height: 50px;" type="text"/>

*Please provide documentary evidence.

Part D Receiving Scheme Bank Details for BACS Transfer

Name(s) of Account Holder(s):	<input style="width: 100%;" type="text"/>		
Bank Name:	<input style="width: 100%;" type="text"/>		
Bank Address:	<input style="width: 100%; height: 40px;" type="text"/>		
Sort Code:	<input style="width: 200px;" type="text"/>	Account Number:	<input style="width: 200px;" type="text"/>

**The London Borough of Hillingdon
Personal/Stakeholder Pension Scheme Form - Form 6**

TO BE COMPLETED ONLY BY PERSONAL/STAKEHOLDER PENSION SCHEME PROVIDER

Part E Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed: _____

Date: _____

Full Name: _____

On Behalf Of: _____

The information provided will be processed by Capita for purposes only associated with the London Borough of Hillingdon and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Hillingdon

The London Borough of

Personal/Stakeholder Pension Scheme Form - Form 6

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER (SECTION 32 BUY OUT)

Please return forms to: LBOH, Capita, PO Box 195, Mowden Hall, Darlington, DL1 9FS.

Part A Member Details

Title:	<input type="text" value="Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____"/>		
Surname:	<input type="text"/>	Forenames (in full):	<input type="text"/>
Date of Birth:	<input type="text"/>	NI Number:	<input type="text"/>

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- § We are a provider satisfying the requirements of Section 154 of the Pensions Act 2004, and are regulated by the Financial Conduct Authority (FCA).
- § The member's Cash Equivalent Transfer Value Sum will be applied by us to one or more policies which satisfy the requirements of Section 95 (2)(c) of the Pension Schemes Act 1993. Please find enclosed a **screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number**. Further, we authorise Her Majesty's Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a Registered Pension Scheme.
- § We are aware of and have read the Pension Regulator's webpage on pension liberation fraud and categorically confirm that the processing of the member's application to acquire transfer credits in the Receiving Scheme is not a pension liberation exercise.
- § The benefit to which the transfer value relates for service after 16 May 1990 has been equalised in accordance with the Equality Act 2010, **except for any Guaranteed Minimum Pension (GMP)**. The GMP has been calculated in accordance with Pension Schemes Act 1993.
- § We have received a Transfer Out Member Schedule in respect of the London Borough of Hillingdon.

Hillingdon

The London Borough of

Personal/Stakeholder Pension Scheme Form - Form 6

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER (SECTION 32 BUY OUT)

Part C Receiving Scheme Details

Name of Receiving Scheme:	<input type="text"/>
PSTR Number*:	<input type="text"/>
Address of Insurance Company/Provider:	<input type="text"/>

* Please provide documentary evidence.

Part D Receiving Scheme Bank Details for BACS Transfer

Name(s) of Account Holder(s):	<input type="text"/>		
Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
Sort Code:	<input type="text"/>	Account Number:	<input type="text"/>

Hillingdon

The London Borough of

Personal/Stakeholder Pension Scheme Form - Form 6

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER (SECTION 32 BUY OUT)

Part E Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed: _____

Date: _____

Full Name: _____

On Behalf Of: _____

The information provided will be processed by Capita for purposes only associated with the London Borough of Hillingdon and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.