

Form To Claim Pension Credit Benefits



Please read Booklet D "Pension credit benefit notes" before you complete this form.

Pensions

SD /

PART A About yourself. Please write clearly:

Title (eg Mr, Mrs, Miss)

Surname

Former surname (If applicable)

Other names

Address

Date of birth

 / /

Please send us your birth certificate

National Insurance number

Home telephone number

PART B HM REVENUE and CUSTOMS (HMRC) Information

To comply with HMRC legislation please read Part 2 of Booklet D and then answer the following questions.

1. Have you any retirement arrangements outside the NHS Pension Scheme, whether in payment or not. This includes money purchase AVCs, but excludes the State retirement pension?
Yes please continue
No go to question 5
2. Will your annual pension from all your pension arrangements, including the NHS Scheme, be more than £50,000 per year?
Yes please continue
Don't know please continue
No go to question 5
3. Have you taken any pension benefits **on or after 6 April 2006**?
Yes please continue
No go to question 4
- 3(i) Total aggregated percentage of LTA used %
- 3(ii) Date of first Benefit Crystallisation Event / /
4. Have you taken any pension benefits **before 6 April 2006**?
Yes please continue
No go to question 5

4(i) Gross annual rate of pension in payment on today's date or date at 3(ii) £

If you are unable to provide us with answers to question 3 & 4 we will only be able to process your application if we treat your NHS Pension Scheme benefits as entirely in excess of the LTA. This will mean the scheme paying 55% of your lump sum and 25% of your pension directly to HMRC.

If you would like us to do this, please tick this box.

Alternatively please wait until you know what percentage of the LTA has been used before returning this form. You may need to contact the Scheme Administrator of your other pension arrangements for this.

5. Have you any valid certificates from HMRC that either enhance your LTA or provide you with enhanced protection? Yes please give details below
No

Certificate Number	Enhancement type	Enhancement factor	Protected lump sum value (£)

Valid enhanced protection certificate number

PART C DECLARATION. To be signed and dated by ALL Applicants.

- I have read the Booklet D 'Notes for pension credit claimants'.
- I confirm that I have read the associated guidance relating to recycling of Pension Commencement Lump Sums (PCLS) and understand my obligation in notifying NHS Pensions if I recycle my NHS PCLS.
- **I declare** that the information I have given is correct and complete to the best of my knowledge and belief. If I become aware of any change in the information given on the form, or any further new information relevant to the form, after I have sent it I hereby agree to notify the Scheme Administrator of those changes and that further or new information at the earliest possible opportunity.
- **I apply** for my pension credit benefits from the NHS Pension Scheme.

Please sign here

Date

Data Protection Act 1988: Fair Processing Notice

The NHS Business Services Authority - Pensions Division will only use the information that you have provided on this form for as long as is required by law. Your details will then be removed from our files. We will not transfer your Personal Data outside the European Economic Area or disclose it to any third party other than for the purposes of detecting and preventing fraud and errors or as required by law. We may contact you to discuss your application by any of the methods you have entered on this form.

Now please complete Part D. We will send that part of the form to Paymaster so they can arrange payment of your pension credit benefits

NHS Pension Scheme - Declaration of entitlement and application for payment

Serial Number

Please write in CAPITAL LETTERS using BLACK INK

For NHS Pensions use only

Title (Mr, Mrs, Miss etc.)

Surname

Other names

Date of birth

 / /

National Insurance number

My address after retirement will be:

1st line of address

Town

County / Country

Post code

If address is different to one shown at Part 7, please give the date of change.

Bank or building society account details. Read Part 2 of Booklet D before completing this section

Name(s) of account holder

(either applicant's own account or a joint account with someone else)

Full name and address of your bank or building society in the UK, Channel Isles, Isle of Man or Irish Republic only

Branch sort code

(This is the six figure number that is usually in the top right hand corner of your cheque)

Account number to be credited

and/or Roll No.

Type of account?

Current account - enter 0

Deposit account - enter 1

Other pensions.

If you have any other pensions paid by Paymaster, please give details.

Paymaster reference number of any other pension

Please turn over

Declaration: Please sign this in the presence of a witness. In the United Kingdom anyone but your spouse or civil partner may witness if they are registered as a Parliamentary elector. Outside the U.K. the Declaration may be witnessed by one of the persons listed below.

- I have read the Booklet D "Pension credit benefit notes" given to me with this form.
- I understand that I will have to repay any overpayment of pension.
- I understand I must tell PAYMASTER about any changes that may affect my entitlement.

I DECLARE that I am entitled to a pension and / or lump sum from the NHS Pension Scheme.

Applicants signature _____ Date ____ / ____ / ____

Please ask your witness to sign and complete the section below.

Witness: I CERTIFY that the above Declaration was signed IN MY PRESENCE by the applicant, whom I believe to be the person named.

Witness's signature _____ Date ____ / ____ / ____

Please PRINT your full name

and your address

If you are registered in the United Kingdom as a parliamentary elector, please tick this box

If you are witnessing outside the U.K. and you are **not** a U.K. parliamentary elector, please write your qualification from the list below in this box.

Persons who may witness -

A person registered in the U.K. as a parliamentary elector may witness in any part of the world. **Outside of the United Kingdom**, the Declaration may also be witnessed by one of the following persons.

They should state their qualification in the witness space above:

- A listed or retired officer of Her Majesty's armed forces.
- A permanent or retired civil servant of any country in the British Commonwealth or in the Irish Republic.
- A member of Her Majesty's diplomatic service.
- An authorised bank official.
- A physician or surgeon registered in the territory where the Declaration is made.
- A minister of religion.
- A master of a merchant ship who is a British subject.
- A Commonwealth or Irish Republic university graduate.
- A magistrate.
- A barrister, solicitor or advocate authorised to practise in the territory where the Declaration is made.
- A Notary Public or other person competent by the law of the territory where the Declaration is made to administer oaths.

In the Channel Isles: A Channel Isle elector.
In the Isle of Man: An Isle of Man elector.