





**PART 4 Verification of dates and details given by the member in Part 7. Enter Y (Yes) or N(No)**  
**In all circumstances original certificates or certified copies must be seen.**

1. Is member's date of birth at Part 7.7 verified by sight of the birth certificate? If the birth certificate is not available, another official document such as a passport, can be used for verification.
2. Have details of marriage given in Part 7.8 (i) been verified by sight of the marriage certificate?
3. Have details of a registered civil partnership in Part 7.8 (i) been verified by sight of the civil partnership certificate?
4. Has the spouse or civil partner's date of birth given in Part 7.8 (i) been verified by sight of the birth certificate or another official document?
5. Has any date given in Part 7.8 (ii) or (iii) been verified by sight of the relevant document, ie the death certificate or the decree absolute or a civil partnership dissolution order?
6. Have any children's dates of birth given in Part 7.9 been verified by sight of the birth certificates?
7. For Pensions Online cases you must complete the table in Part 8 with details from the Enhanced or Primary Protection certificate. For all cases you must make a copy of the Protection certificate and send it to NHS Pensions, for cases not submitted via Pensions Online the copy must be attached to the AW8.

**PART 5 Compensation Retirement Cases Only. (03 exit code only)**

**A Classification** (Tick the appropriate box).

- |                        |   |                          |                              |   |                          |
|------------------------|---|--------------------------|------------------------------|---|--------------------------|
| (a) Admin and clerical | 1 | <input type="checkbox"/> | (b) Ambulanceman             | 2 | <input type="checkbox"/> |
| (c) Ancillary          | 3 | <input type="checkbox"/> | (d) Medical & Dental         | 4 | <input type="checkbox"/> |
| (e) Nurse or midwife   | 5 | <input type="checkbox"/> | (f) Professional & Technical | 6 | <input type="checkbox"/> |
| (g) Other              | 7 | <input type="checkbox"/> |                              |   |                          |

**B Reason for retirement** (Tick the appropriate box. If 2 or more reasons apply, tick the highest).

- |  |                               |   |                          |
|--|-------------------------------|---|--------------------------|
| (a) Competitive tendering  | Premature retirement          | 1 | <input type="checkbox"/> |
|  | Redundancy                    | 2 | <input type="checkbox"/> |
| (b) Organisational change  | Premature retirement (CPLNHS) | 3 | <input type="checkbox"/> |
|  | Premature retirement (Other)  | 4 | <input type="checkbox"/> |
|  | Redundancy (CPLNHS)           | 5 | <input type="checkbox"/> |
| (c) Other closures   | Redundancy                    | 6 | <input type="checkbox"/> |
| (d) Other redundancies ( <i>include those from Organisational change</i> ) |                               | 7 | <input type="checkbox"/> |
| (e) Early retirement in the interests of the efficiency of the service     |                               | 8 | <input type="checkbox"/> |

**C Redundancy payments by EA**

EA responsible for any compensation charges

	EA code
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**CONCURRENT PENSIONABLE EMPLOYMENTS:**

Have you received a completed form AW343 from the member? Yes  No   
 Please obtain and forward separately to NHS Pensions

**PART 6** CERTIFICATION. Please check:

1. INCAPACITY RETIREMENT: Have you received confirmation of acceptance for ill-health retirement from NHS Pensions medical advisers? **Do not** send / submit this form until you hold such confirmation.
- 1a COMMUTED INCAPACITY Has form AW341 been received and signed?  
Yes  No  Please obtain and forward separately
2. COMPENSATION RETIREMENT AND EARLY RETIREMENT (IOE):  
Do you propose to pay by: A single lump sum  Annual instalments (including interest)   
Retirement age (if any) written into contract of employment
3. ALL RETIREMENTS: Please tick the information details about form SD55 below:  
Form SD55 is attached   
Form SD55 was sent to the Scheme  on (date)  /  /   
Form SD55 was completed Online  on (date)  /  /

**I certify that:** (1) The details given in Parts 1 to 6 are correct and the amounts shown in Part 2 have been reconciled with the pension contributions shown on form SD55.  
(2) All Scheme contributions have been, or will be, deducted from the member's pensionable pay.

AUTHORISED SIGNATORY  
No rubber stamps please.

Initials and Surname (Please print)

Date

EA / GP Practice stamp

**Now send this form to NHS Pensions IMMEDIATELY.  
If form SD55 was NOT sent previously, please send it with this form.**

AUDITOR'S STATEMENT. FOR COMPLETION ONLY WHEN REQUIRED.  
I certify that \*(subject to my report attached) these pensionable pay details agree with the entries in the books and records of the Employing Authority.  
(\*delete as necessary).

Signature of Auditor

Date

**PARTS 7 TO 11**

**PERSONAL DETAILS**

**THE FOLLOWING PARTS ARE TO BE COMPLETED BY  
THE SCHEME MEMBER**

**TO THE MEMBER:**

**Before you complete Parts 7 to 11 of this form, please read:**

- **the notes on the next page, and**
- **the Retirement Booklet for Members of the NHS Pension Scheme**
- **and please remember to return your completed form to your employer at least 3 months prior to your retirement date to ensure that your benefits are paid on time.**





In items 7,8 and 9 below we ask you to show various certificates and other papers to your employer. **BUT, IF YOU WISH**, you can send information about your marital or civil partnership status and family direct to NHS Pensions instead. You must send original certificates or certified copies, not photocopies. The address is in the Booklet.

If you use this method please write a covering letter enclosing the certificates etc. Be sure to show your Scheme membership number clearly in your letter and put a tick in this box:

7. YOUR DATE OF BIRTH:  Please show your birth certificate to your employer. If your birth certificate is not available, show another official document, such as a passport, instead.

8. YOUR STATUS: Please tick the box that applies (whether or not you have nominated a partner for survivor benefits) and follow the instructions:

- Single  Go to 9
- Married  Go to 8 (i). Your employer will need to see your marriage certificate and your spouse's birth certificate or another official document.
- Formed a civil partnership  Go to 8 (i) Your employer will need to see your civil partnership certificate and your civil partner's birth certificate or another official document
- A widow or widower  Go to 8 (ii). Your employer will need to see your spouse or civil partner's death certificate.
- Divorced or dissolved a civil partnership  Go to 8 (iii). Your employer will need to see your Decree Absolute or civil partnership dissolution order.

(i) **Please tell us:**

The date of your marriage or civil partnership registration

Your spouse or civil partner's date of birth

Your spouse or civil partner's first names

Your spouse or civil partner's surname

Your spouse or civil partner's National Insurance number

(ii) **Please tell us:**

The date of your spouse or civil partner's death, then go to 9

(iii) **Please tell us:**

The date of the Decree Absolute or civil partnership dissolution order, then go to 9

9. DEPENDENT CHILDREN: Please read the Booklet. If you die and leave any dependent children, an allowance may be payable from the Scheme.

Have you any dependent children? NO  YES  Give details below  
Your employer will need to see their birth certificates.

Surname and other names	Gender	Date of birth

## PART 8 HM REVENUE AND CUSTOMS (HMRC) INFORMATION

To comply with HMRC legislation please answer the following questions. It is important that you complete these questions fully and correctly and supply any information asked for. Failure to do so will delay the payment of your pension and lump sum and may cause all your benefits to have the Lifetime Allowance Charge (LTAC) applied to them.

1. Have you any pension arrangements, this includes money purchase AVC's, that are separate from your main NHS pension benefits, either in payment or not? We do not need to know about any State pension benefits or any survivor or dependants benefits you are being paid. 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? If you answer 'Yes' you should read page 8 of the Retirement Booklet. Yes  please continue Don't know  please continue No  go to question 5
3. Excluding your main NHS pension benefits were any of your separate pension benefits in payment **on or after 6 April 2006?** Yes  please continue No  go to question 4
- 3(i) Please give us the total combined percentage of LTA (to 2 decimal places i.e.43.21%) used by all your separate pension benefits in payment on or after 6 April 2006.  %
- 3(ii) Date of first Benefit Crystallisation Event (The date accrued benefits are put into payment from another pension provider after 5 April 2006)  / /
4. Excluding your main NHS pension benefits were any of your separate pension benefits in payment **before 6 April 2006?** Yes  please continue No  go to question 5
- 4(i) Gross annual rate (before deduction of income tax) of pension(s) in payment, from your separate pension arrangements (not your main NHS pension) at the earlier of either today's date or a date at 3(ii).  £

If you are unable to provide us with answers to questions 3 and 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, unless you instruct NHS Pensions to defer payment of your benefits until you have gathered the necessary information.

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. Do you have a valid Certificate of Enhanced Protection (the Enhanced or Primary Protection certificate) from HMRC? If so, you must provide this certificate to your Pensions Officer. Yes  Certificate No.  No

The Government has proposed changes to the amount you can build up towards your pension and benefit from tax-relief. It is possible that these changes may affect some members who retire from 6 April 2011. To see if these changes might impact you, please visit the member area of the NHS Pensions website at:

<http://www.nhsbsa.nhs.uk/Pensions/3126.aspx>

**PART 9 OPTANTS FOR INSURANCE POLICY BASED PENSION SCHEMES (eg FSSN, FSSU).**

Have you ever been a member of an Insurance Policy based pension scheme?

YES  NHS Pensions will write to you about this.

NO

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**PART 10 DECLARATION. TO BE SIGNED AND DATED BY ALL APPLICANTS.**

- **I declare** that I am retiring from NHS employment
- I have read the Retirement Booklet for Members of the NHS Pension Scheme.
- I understand that, if I have chosen to retire early or I am retiring on normal age grounds, my pension **MAY BE SUSPENDED** if I return to NHS employment within **one month**. Work in the NHS totalling 16 hours or less a week is ignored for this purpose.
- 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 benefits from the NHS Pension Scheme.

Please sign here

Date

/ /

**Data Protection Act 1998: 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 the "Declaration of entitlement and application for payment " (Part 11).**

**NOTE:**

In Part 11 we ask you to provide again some of the information that you have already written in Parts 7 to 10. This is because Part 11 will be detached and sent separately to Paymaster for them to make arrangements to pay your benefits on the due date.



# NHS Pension Scheme - Declaration of entitlement and application for payment

Pensions

Serial Number

For NHS Pensions use only

Please write in CAPITAL LETTERS using BLACK INK

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 3 of Booklet R 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

**For Employer use only - to be completed if AW8 has been submitted via Pensions Online:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ EA/GP Code \_\_\_\_\_

**Working after retirement. Please read the Booklet.**

Are you continuing in NHS employment or do you intend to take up NHS employment after you retire?

No   
Yes

Show the name and address of your employer, or the HA, PCT or LHB responsible for the payment of fees. If you are a Dental Practitioner, just write 'DPD'.


**Voluntary Deductions Please read the Booklet and the list of code numbers.**

If you want deductions to certain organisations to be made from your pension please give details below.

Code No.	Organisation	Deductions		Health Scheme Membership or Policy No.
		Monthly	Weekly	

I wish the above deductions to be made from my pension. I understand that if the organisations vary the amounts I have to pay, then the deductions from my pension will vary as well.

I understand that Paymaster will be required to disclose the information I have supplied to BHCA (Services) Ltd.

I understand that if I do not provide my policy number Paymaster will have to disclose my date of birth and address to BHCA (Services) Ltd. It may also be necessary for Paymaster to notify BHCA (Services) Ltd of any future change of address.

This personal information will be used by BHCA (Services) Ltd to ensure that the money you pay is correctly passed to the correct organisation to keep your cover up to date. It will not be used for any other purpose.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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 in the 'Notes on how to complete Parts 7 to 11'.

I have read the Retirement Booklet for Members of the NHS Pension Scheme 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 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 in this box. See Notes in Parts 7-11.

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