

FORM TO CLAIM DEFERRED BENEFITS



Please read the Booklet R "Notes for Pensioners and their Dependants" before you complete this form.

Pensions

If you have been issued with a deferred benefit certificate, please attach it to this form. We will pay your deferred benefits **only** if you have stopped working in the NHS. After a 24 hour break, work in the NHS totalling 16 hours or less a week is ignored for this purpose.

SD /

Reason for claiming your deferred benefits. Please tick the box which applies to you.

- Age retirement
- Ill-health retirement
- Commuted Ill-Health - attach form AW342
- *Early payment of deferred benefit; you must have received an estimate of the reduced benefits payable

*Please confirm when early payment of deferred benefit should begin

/ /

form AW(PB)1 refers

PART A About yourself. Please write in CAPITAL LETTERS using BLACK INK

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

Address

Date of birth

Please send your birth certificate

National Insurance number

Home telephone number

Your status?

Single

Married Please give date

Enclose your marriage certificate and spouse's birth certificate

Civil Partnership Please give date

Enclose your civil partnership registration certificate and civil partner's birth certificate

Widowed / surviving partner Please give date

Enclose your spouse or civil partner's death certificate

Divorced or dissolved civil partnership Please give date

Enclose your Decree Absolute or civil partnership dissolution order

Please tell us:

Your spouse or civil partner's surname

Your spouse or civil partner's other names

Your spouse or civil partner's date of birth

Your spouse or civil partner's NI No.

Have you any dependent children? No Yes Please give details below
(Please read Booklet R)

Surname and other names	Gender (M/F)	Date of birth

Where did you last work in the NHS?

What was your job?

What date did you leave?

Are you working in the NHS now? No Yes Where are you employed?

What date will you be leaving?

Do you intend to work in the NHS after you get your pension? No
Don't know
Yes Please read the Booklet R.

If 'Yes' please provide name and address of employer or PCT/LHB that will be responsible for the payment of fees. If you are a Dental Practitioner, just enter 'DPD'

Place of employment:

LUMP SUM CHOICE Only applies if your last day of membership is on or after 1 April 2008, otherwise omit this item and go to Part B.

Do you want an additional lump sum by giving up part of your pension? Yes continue below No go to Part B

If YES do you want the maximum additional lump sum permitted? Yes go to Part B No continue below

Additional lump sum of (whole pounds only)

PART B HM REVENUE AND CUSTOMS (HMRC) INFORMATION

To comply with HMRC legislation please read Part 10 of Booklet R 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 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.

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 Allocating part of your pension

Read Booklet R before you answer this question.

Do you wish to allocate part of your pension? No

Yes Complete the form AW8/11A in Booklet R, then detach it and send it to us with this form

PART D Insurance Policy scheme optant (eg FSSN, FSSU)

Please read Booklet R

Have you ever been a member of an insurance policy based pension scheme? No

Yes We will write to you about this membership.

PART E Declaration. Please sign and date this part.

- **I declare** that I have retired from NHS employment
- I have read the Booklet R 'Notes for pensioners and their dependants'.
- I understand that, if I have retired 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 any further or new information at the earliest possible opportunity.
- **I apply** for my benefits from the NHS Pension Scheme.

Signature

Date

Now please complete 'The Declaration of Entitlement and Application for Payment' at Part F. We will send that part of the form to Paymaster so they can arrange payment of your pension and lump sum.

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.

Working after retirement: Please read Booklet R.

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

No

Yes Write the name and address of your employer or the PCT/LHB responsible for the payment of fees. If you are a Dental Practitioner, just write 'DPB'

Please sign this in the presence of a witness. The notes below explain who can witness.

Declaration: I have read the Booklet R "Notes for Pensioners and their Dependants".

I understand that I will have to repay any overpayment of pension. I also understand that 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.

Applicant's usual signature

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

Witness: The spouse or civil partner of a pensioner may **not** witness. A list of persons who may witness is given below. **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

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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 United Kingdom and you are **not** a U.K.

parliamentary elector, please write your qualification, from the list below, in this box

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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.