

Request a Cash Equivalent Transfer Value



Section 1 Personal Details

(Please complete this section in all cases)

Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>	National Insurance number	<input type="text"/>		
Home Address	<input type="text"/>				
Email	<input type="text"/>	Telephone	<input type="text"/>		

Section 2 Relationship Status

(Please complete this section in all cases)

- I am married and enclose a copy of my marriage certificate
- I have formed a Registered Civil Partnership and enclose a copy of my Civil Partnership Schedule
- I am a widow/widower/surviving registered civil partner and enclose a copy of the death certificate
- I am divorced/former registered civil partner and enclose a copy of the Decree Absolute/Dissolution Order
- I was a contributing member of the LGPS on or after 1 April 2008 and notified Merseyside Pension Fund that my Cohabiting Partner was eligible to receive a Survivor's Pension in the event of my death.
- I am single and have never been married or formed a Registered Civil Partnership

PLEASE NOTE:

For identification purposes, please send a photocopy of your birth certificate or passport. These will only be returned if requested. If, however, you send your original birth certificate or original passport, these documents will be returned by post as soon as possible.

Section 3 Other Local Government Pension Scheme (LGPS) benefits

Do you have any other LGPS benefits that are already in payment or will become payable on or after the date of transfer?

Yes No

(If 'Yes' please complete all of the fields below, if 'No' please go to Section 4)

LGPS Pension Provider	Payable Date	Current amount of Pension/Lump Sum £
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 Matrimonial Proceedings

If your request for information is in respect of matrimonial proceedings, please tick this box

Section 5 Final Certification

(Please complete this section in all cases)

I certify that the information given on this form is correct and complete to the best of my knowledge and undertake to inform Merseyside Pension Fund should my relationship status change prior to the transfer of my pension rights.

If further tax becomes payable because information I have provided is proven to be incorrect, then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by HM Revenue & Customs.

Signature

Date

Please return your completed form to the following address:

Merseyside Pension Fund
7th Floor
Castle Chambers
43 Castle Street
Liverpool
L2 9SH