

HSC Pension Scheme

Membership No. SB

Application for Preserved Retirement Benefit

To be completed by the applicant. Please read “A Guide for Pensioners and their Dependants” before completing this form.

- You **must** complete Parts 1-9 of this form and **return along with a copy of your birth certificate.**
- If you have any difficulty completing this form please contact HSC Pension Service.
- Please complete in **black ink** using **CAPITAL** letters.

Part 1 – Personal details

<p>1 Surname</p> <input style="width: 100%;" type="text"/>	<p>2 Forename(s) <i>(in full)</i></p> <input style="width: 100%;" type="text"/>
<p>3 Maiden name <i>(if applicable)</i></p> <input style="width: 100%;" type="text"/>	<p>4 Date of birth <i>(You must attach a copy of your birth certificate)</i></p> <input style="width: 100%;" type="text"/>
<p>5 Title <i>(tick correct box)</i> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/></p>	<p>6 National Insurance number</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>7 Your present address</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p style="text-align: center;">----- Post code -----</p> </div>	<p>8 Where was your present place of employment in the Health Service? <i>(Hospital and Health Board/Trust)</i></p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p style="text-align: center;">----- Post code -----</p> </div>
<p>9 Your daytime telephone number</p> <input style="width: 100%;" type="text"/>	<p>10 E-mail address <i>(if you have one)</i></p> <input style="width: 100%;" type="text"/>

Part 5 – HM Revenue and Customs (HMRC) Information

To comply with HMRC legislation please read the 'Tax Section' of 'A guide to pensioners and their dependants' and then answer the following questions:

- 17** Have you any retirement arrangements outside the HSC Scheme, whether in payment or not. This includes money purchase AVCs, but excludes the State retirement pension? Yes please continue
No go to question 21
- 18** Will your annual pension from all your pension arrangements, including the HSC Superannuation Scheme, be more than £60,000 per year? Yes please continue
Don't know please continue
No go to question 21
- 19(i)** Have you take any benefits on or after 6.4.2006 Yes
No
- (ii)** Total aggregated percentage of LTA used % go to question 20
- (iii)** Date of first benefit crystalliation event.
- 20(i)** Have you taken any benefits before 6.4.2006 Yes
No
- (ii)** Gross annual fate of pension in payment at today's date or date at **19(iii)**

If you are unable to provide us with the answers to questions 19 and 20, we will only be able to process your application if we treat your HSC 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.

- 21** Have you any valid certificate 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 6 - Continuing employment or re-employment in the Health Service

(IMPORTANT:- See Declaration at Part 7 of this form & the section on re-employment in the 'Guide for Pensioners and their Dependants'). This includes employments in the NHS England & Wales, Scotland or the Isle of Man.

22 Where did you last work in the HSC

23 What was your job?

24 What date did you leave?

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

26 What date will you be leaving?

27 Do you intend to work in the HSC/NHS after you get your pension? No
Don't know
Yes Please read '*A guide for pensioners and their dependants*'

If 'Yes' please provide name and address of employer that will be responsible for the payment of fees.

Place of employment:

Part 9 – Declaration – to be signed and dated by all applicants

- **I declare** that I am retiring from HSC employment.
- I have read the scheme booklet '*A guide for pensioners and their dependants*'.
- 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 HSC/NHS employment within **one month**. Work in the HSC/NHS totaling 16 hours or less a week are ignored for this purpose.
- I confirm that I have read the associated guidance relating to recycling of Pension Commencement Lump Sum (PCLS) and understand my obligation in notifying HSC Pension Service if I recycle my HSC lump sum.
- **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 HSC Pension Service of those changes and that further or new information at the earliest possible opportunity.
- **I apply** for my benefits from the HSC Pension Scheme.

Signature _____

Date _____