



**Request for a cash equivalent transfer value  
(CETV)**  
**Covers all Firefighters' Schemes - Active members only**  
**Part A – Employee to complete**

**Personal Details**

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

National Insurance number 

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Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payroll number \_\_\_\_\_

**Partnership status**

Married       Civil partner       Cohabiting partner

Single       Divorced       Civil partnership dissolved

Date effective from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Reason for request**

Cash equivalent transfer value for use in **divorce** proceedings

- We will provide information in our standard format, together with a schedule of charges that apply for work carried out in relation to divorce and pension sharing.

Estimate of benefits plus cash equivalent transfer value for **independent financial adviser**

- Government regulations do not permit a transfer to a personal pension scheme. If you wish to transfer to an occupational scheme, please provide the scheme name

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**Notes**

We will provide the information you have requested within **one month** of receiving the fully completed form from your employer. Please note that if we need to apply for details from National Insurance Contributions Office in respect of any Guaranteed Minimum Pension (GMP) element of your pension, then this will delay the CETV and the one month period may be exceeded. You are entitled to one cash equivalent transfer value in any 12 month period. I confirm that I have read the notes above.

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

When you have completed Part A, send the whole form to your **employer's payroll office.**



Data Protection Act 1998. Pension Service and/or your employer will keep a copy of this form and use it to update your pension record.

## Part B – Employer to complete

### Actual pensionable pay

Please give actual pay (and CPD if applicable); use pay that would have been earned where pay was reduced due to sickness absence, ordinary maternity, paternity or adoption leave, or additional maternity, paternity or adoption leave where pay was received and contributions paid.

- |                                                      |   |
|------------------------------------------------------|---|
| • From last 1 April to date employee signed the form | £ |
| • 1 April to 31 March – Previous scheme year         | £ |

### Whole-time pensionable pay

Whole-time equivalent pensionable pay for the last 12 months to estimated date of leaving	£
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### Hours and weeks – Please complete if you do not have access to the pensions system

Please confirm all changes of contractual hours while the person has been a member of the pension scheme (continue on separate sheet if needed)

Date		Hours per week		Weeks per year
From	To	Hours per week	Full time hours	
				/52
				/52
				/52
				/52
				/52

### Your details

Completed by:

Date:

E-mail Address:

Return completed forms by

Email - [pensions@hants.gov.uk](mailto:pensions@hants.gov.uk)

Fax - 01962 834537 or

Post - Hampshire Pension Fund, 3<sup>rd</sup> Floor, Ell Court East, The Castle, Winchester; SO23 8UB

[www.hants.gov.uk/pensions](http://www.hants.gov.uk/pensions)



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