

Claim for payment of retirement benefits



Member's Information

Pension reference number: **1 0**

Surname:

First name(s):

Home address:

Post code:

Telephone number:

Mobile number:

Email address:

Date of birth:

Marital status: Single Married Divorced
 Living with cohabiting partner Civil partner Widow(er)

Employer's name:

Date ceased employment:

Department:

Payroll number:

National insurance no.:

Post held:

Spouse's/Nominated Cohabiting Partner's/Civil Partner's Information

Surname:

First name(s):

Date of birth:

Voluntary Deductions

If you are currently paying to **Birmingham Hospital Saturday Fund, Paycare or Simplyhealth** and wish to continue with deductions from your pension, please complete the details below:

Name of Scheme:

(Add account/scheme number, if known).

Amount to be deducted **monthly**: £ - Date last contribution made:

I wish to claim the retirement benefits to which I am entitled under the provisions of the Local Government Pension Scheme (LGPS). Where this form is completed before retirement, I undertake to notify the Fund of any change in my status, or any other particulars given above which may occur between the date upon which this form is completed, and the date upon which my employment ceases.

If you would like to know the final pay which is to be used in the calculation of your benefits, please contact your employer.

As my pay has been reduced in the last ten years, I feel that an earlier year's pay may be more beneficial in the calculation of my pension benefits. Please could this be investigated. Please tick (if appropriate)

When complete, **please return to your employer** with the following (please tick which certificate(s) are enclosed):

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Form RB1(D) and if applicable: | <input type="checkbox"/> Your birth certificate |
| <input type="checkbox"/> Your marriage certificate | <input type="checkbox"/> Your decree absolute |
| <input type="checkbox"/> Spouse/partner's birth certificate | <input type="checkbox"/> Your civil partnership certificate |
| <input type="checkbox"/> Spouse/partner's death certificate | <input type="checkbox"/> Evidence of dissolved civil partnership |

Please forward the original documents which will be returned after registration.

Signed: Date:

Important: If you are paying additional scheme contributions, please read carefully the information on the reverse of this form.

If you are paying additional contributions to purchase an additional period of membership, or for part-time buy-back, you may be entitled to capitalise any outstanding contributions by means of a single payment which would be deducted from your retirement grant.

It is important that written notice of a decision to authorise the deduction of outstanding payments from your retirement grant is received by the Fund before the end of the tax year in which you retire, in order that any available tax relief may be given by the HM Revenue and Customs. Please complete the appropriate section shown below.

Purchase an Additional Period of Membership

To the Director of Pensions, I hereby authorise you to deduct from my lump-sum retirement grant, the capital value of the remaining contributions that I am unable to complete because of my early retirement.

Signed:

Date:

NB: This election only applies if you are retiring as a result of redundancy or on efficiency grounds.

Election to Deduct Outstanding Part-Time Buy-Back Contributions

To the Director of Pensions, I hereby authorise you to deduct from my lump-sum retirement grant, the instalments outstanding for my part-time buy-back provision that I am unable to complete at the date of my retirement.

Signed:

Date:

Data Protection

To protect any personal information held, West Midlands Pension Fund has an obligation to operate in line with the Data Protection Act 2018. The Fund may, if required, pass certain details to a thirdparty organisation in instances whereby they are carrying out administrative functions of the Fund, for example, the Fund's Actuary. The Fund may respond to requests for personal information from other public bodies, eg, HM Revenues and Customs (HMRC) in connection with their statutory duties. Members who wish to apply to access their data on Data Protection Act grounds should contact the Fund's Data Protection Officer via email, at wmpfdataprotectionofficer@wolverhampton.gov.uk

This authority is under a duty to protect the public funds it administers and, to this end, may use information for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.