

Local Government Pension Scheme (LGPS)

Transfer in extension request form

Important: Please read the instructions below first before you complete this form.

Who should complete this form?

If you joined the LGPS in your current employment less than 12 months ago, you do not need to complete this form as you do not require your employer's consent to transfer in previous pension. However, if you joined the LGPS in your current employment more than 12 months ago, your employer must give their consent before you can investigate a transfer of previous pension. The decision to allow a transfer in after the initial 12 months in employment is at your employer's sole discretion. Before completing this form, you may wish to ask your employer for a copy of their discretionary policy on allowing late transfers.

Instructions for completing this form

You must complete section 1 of the form in full before forwarding it to your employer to complete section 2. The person who completes section 2 must have the authority to approve a late transfer on behalf of your employer. Please contact your HR department to find out where you should send your form. Sending this form to the incorrect place could delay your request. If you want to investigate the transfer of more than one pension, you should use a separate form for each. Incomplete or inaccurately completed forms will not be processed. If you are completing this form electronically, please ensure the font size does not fall below 12pt. You can insert a digital signature if you download this form and open the form using Adobe. The digital signature must be your actual signature. Do not print.

Next steps

If your employer gives permission for the transfer to proceed, they should inform you and then send us a copy of the completed the form. However, we will not be able to take any action on the transfer until you send us the Cash Equivalent Transfer Value (CETV) in respect of your previous pension rights. This should be an official statement on headed paper. More information about the transfer process can be found on our website. Employer permission is valid for 12 months only. If the transfer takes longer than 12 months to complete, you will need to obtain a further completed form from your employer. Unless you have opted-out, we will communicate with you about the transfer using our self-service portal, 'my pension online'. If you have not already done so, you can register now at: ms.buckinghamshire.gov.uk

If you have further questions, please contact: The Pensions & Investments Team, Buckinghamshire Council, Walton Street Offices, Aylesbury, HP20 1UD

Email: pensions@buckinghamshire.gov.uk Member helpline: 01296 383755

Section 1 – To be completed by the LGPS member

This section should be completed by the LGPS member. Please ensure you read the above instructions before completing this form. If you have more than one employment, you will have more than one pension account. Please only provide details of the employment you wish the transfer in to be associated with.

Name of employer	
	Name of employer



Job title	Payroll number		
National insurance number	Date you joined the LGPS under the above role		
Name of previous pension provider			
Why are you applying for the transfer after the 12	2-month window? (Us	se a s	separate sheet if needed)
Signed – A digital signature is acceptable as long a	ns it an actual		
signature and not a typed name.			Date (dd/mm/yy)
Section 2 – To be completed by the employ	ver		
This section should be completed by the LGPS emp		nber	wishes to investigate a
transfer of previous pension rights into their LGPS			
current role over 12 months ago, they require their	•	•	
application. Please provide the information below			
Investments Team either via i-Connect or by email			
able to accept the form if it is forwarded to us by the			
however, you will take on any future liabilities asso		•	•
Funding Strategy Statement. This includes where the			•
			-
retirement (pension strain). Please refer to the $\underline{\text{Rol}}$.	es and nesponsibilitie	<u>s</u> uoi	cument for more details.
Name of person completing this form			
Job title			
Job title			
On behalf of your organisation, do you give conse pension rights as stated on this form?	nt for the member to	pro	ceed with the transfer of
□Yes □No			
Declaration - By signing below I can confirm that:			
• Section 1, the LGPS member's section, was ful	lly completed by the ϵ	emplo	oyee when I received the form
• I am the person authorised to make decisions	about allowing late tr	ransf	ers in
 I understand that by accepting the transfer, m 	_		
respect of the transfer	.,		
 In making the decision I have considered my 	organisations' LGPS di	iscret	tionary nolicy
 Where consent has been provided, it has been 	=		
within 12 months of the date below	ruone so on the cone	11011	That the transfer is completed
Signed – A digital signature is acceptable as long a	as it an actual		
signature and <u>not a typed name.</u>			Date (dd/mm/yy)

