

Warwickshire Pension Fund

Local Government Pension Scheme

Transfer in Extension Form

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.

Next steps

Next steps If your employer gives permission for the transfer to proceed, they should inform you and 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 this and 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.

How to contact us

Please return your completed form to the address below. On completion of your pension record we will issue you with a membership certificate and details of where to find the Scheme Guide.

If in the meantime, you require any further information please contact our office:

Email: pensions@warwickshire.gov.uk

Website : <https://www.warwickshirepensionfund.org.uk>

Telephone: 01926 412005



WARWICKSHIRE
PENSION FUND

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Please complete in **BLOCK** capitals and **black** ink.

Section 1 - Your personal details

This section needs to be completed in full in all cases.

Surname		Title	
Name		National Insurance No.	
Gender		Date of birth	
Address			
Postcode		Tel No	
Email			
Employer		Payroll Ref No	
Post/Job		Date commenced	

Section 2 – Previous Pension

Name of previous Pension provider

Why are you applying for the transfer outside of the 12-month window?

Signature

Date

A digital signature is acceptable as long as it is an actual signature and not a typed name.

Please forward to your employer for completion.

Section 3 – To be completed by the employer.

This section should be completed by the LGPS employer. The above member wishes to investigate a transfer of previous pension rights into their LGPS pension. However, as they joined the LGPS in their current role over 12 months ago, they require their employer's permission to proceed with the transfer application. Please provide the information below and return the completed form to the Pensions and Investments Team either via I-Connect or by email to: pensions@warwickshire.gov.uk

We will not be able to accept the form if it is forwarded to us by the member.

Name of person completing the form

Job title

On behalf of your organisation: Do you give consent for the member to proceed with the transfer of pension rights as stated on this form?

Yes

☐

No

☐

Declaration - By signing below I can confirm that:

- Section 1, the LGPS member's section, was fully completed by the employee when I received the form.
- I am the person authorised to make decisions about allowing late transfers in.
- I understand that by accepting the transfer, my organisation agrees to accept pension liabilities in respect of the transfer.
- In making the decision I have considered my organisation's LGPS discretionary policy.
- Where consent has been provided, it has been done so on the condition that the transfer is completed within 12 months of the date below.
- This is in line with our discretions policy.

Signature

Date

Please return your completed form to the address below:

Email: pensions@warwickshire.gov.uk Website:
<https://www.warwickshirepensionfund.org.uk> Telephone: 01926 412005

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Website : <https://www.warwickshirepensionfund.org.uk>

Telephone: 01926 412005

Please return your completed form to:

Warwickshire Pension Fund
Shire Hall
Warwick
CV34 4RL

How your information may be used

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy. We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

Please let us know when any of your contact details change **especially change of address**.

You have the right to know what information we hold about you and we try to make sure it is correct.

If you would like further information visit our website:

<https://www.warwickshirepensionfund.org.uk/resources>



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