

Transfer of Previous Pensionable Service

FORM 8400

This form must be completed by all recruits and returned to Equiniti through HRD (Recruits Admin). As regulations governing such matters are complex and specify time limits you should return this form at the earliest opportunity after you have arrived at Hendon.

Please confirm your preferred contact address whilst your transfer is being processed.

Address:

Forename(s): Surname:

Date of Birth: NI no.:

Date of Joining: Warrant No.:

Signature: Contact Phone no.:

Choose Option A if:

- You do not wish to transfer your pension
- Your previous employment was non-pensionable,
- You have had no previous employment or Pension Plan

Choose Option B if:

- You have a pension and would like to enquire into the possibility of a transfer
- You have been a member of another Public Service Pension Scheme

Your Choice	Option A <input type="checkbox"/>	(nothing to transfer)
	Option B <input type="checkbox"/>	(please complete the box/s overleaf)

Notes:

1. If you were in your previous employer's pension scheme it may be possible to transfer your pension rights into the Police Pension Scheme.
2. Your previous employer may have awarded you a deferred pension. This may be cancelled in favour of a transfer of pension rights into the Police Pension Scheme.
3. If you received a refund of pension contributions this sum would have to be repaid (if scheme rules allow) before a transfer could take place.
4. If you apply for transfer of pension rights, you will be informed of the amount of service/pension credit available in the Police Pension Scheme. You can then decide whether to proceed with the transfer or to retain the alternative benefits available from your previous scheme.
5. If your previous employer is a member of the Public Sector Transfer Club (e.g.. Armed Services) any transferred service credited in the Police Pension Scheme, may be more beneficial than would be the case with another employer. **But you must apply to transfer any deferred benefits within 12 months of joining to benefit from preferential rates.**
6. Officers transferring from another Home Force, PSNI or Scottish Force without a break in service may be able to retain their membership of their previous scheme by completing this form.
7. **If you have any queries please telephone Equiniti on 0300 123 0828.**

Option B – Previous pensionable employment details/Personal Pension Plan details

Please provide as much detail as possible of all previous Public Sector Pension Schemes* as this may affect your pension entitlement. You should mark clearly whether or not you wish to transfer this pension into the Police Pension Scheme.

If you have any other pension benefits you wish to transfer into the Police Pension Scheme please complete the sections below.

Name and full address of Employer/Pension Scheme	Job title/rank	Pay number or Service number or Pension Scheme reference	Period of pensionable service (exact dates if known)		I wish to explore the option of transferring this pension to the Police Pension Scheme
			From	To	
				to	Yes/No
				to	Yes/No

*Civil Service Pension Scheme – Judges Pension Scheme – Local Government Pension Scheme– Teacher’s Pension Scheme – NHS Pension Scheme – Fire and Rescue Workers’ Scheme – Police Forces’ Scheme – Armed Forces’ Scheme

Continue on separate sheet if necessary

Authority to release information

I give Equiniti my authority to contact the above named to enquire about my previous service and/or the possibility of a pension transfer.

Signature: Date:

Please ensure you include full contact details of your previous scheme pension administration department. If you have applied for a transfer, Equiniti will contact you with details once your previous scheme has provided figures. **If you have not received details within 3 months, you should contact Equiniti on 0300 123 0828 to ensure this form has been received.**

The Police Pension Scheme 2015

Nomination or revocation of lump sum death grant

IMPORTANT: Read these notes before you complete this form

1. This form allows you to nominate a person to receive a lump sum death grant if you die in service. The amount of the grant is three times your final pay at the time of death (or immediately before any period of absence without pay).
2. This form applies to members of the Police Pension Scheme 2015 (2015 Scheme).
3. You may nominate anyone you like, including an organisation. You may also nominate as many people or organisations as you like. If you nominate more than one person or organisation, you will need to indicate what proportion of the grant (either a percentage or a fraction) you would like each to receive. If you do not give a proportion, we will divide the grant equally between the people or organisations you have named.
4. The form asks you to state any nominated person's relationship to you. You do not have to give this if you do not wish to, but it will help us deal sensitively with matters if you die.
5. A nomination will not be effective if at the time of your death you leave a surviving spouse, civil partner or unmarried partner who is entitled to benefits under the 2015 Scheme. In these circumstances, the grant will be paid to that person (refer to the 2015 Scheme Member's Guide for more information about the lump sum death grant and about survivor benefits in general).
6. You may wish to consider changing your nomination if your personal circumstances change. It is your responsibility to keep it up to date, including the address of anyone you have nominated.
7. Your pensions administrator will acknowledge the nomination by returning a copy for you to keep. If you wish to revoke your nomination you must do so in writing. You should contact your pensions administrator for a new form.
8. Your nomination is not binding on the police authority. If for any reason we do not pay the grant to the person you have named, we will pay it to your personal representative.

Equiniti Administering Pensions on behalf of the Metropolitan Police Service

The Police Pension Scheme 2015 Nomination of lump sum death grant

Please fill in this form in Black Ink and in **BLOCK CAPITALS**, and send it to your force's pensions administrator at the PO box address at the top of this form or through the internal mail to Equiniti.

About you

Your name:	
Pay reference / Warrant no.:	
Home address /Work Location:	
	Postcode:
Daytime Telephone No.:	

Your nomination

I nominate the person or people named below to receive a lump sum death grant in the event of my death whilst in service, subject to the provisions of the Police Pensions Regulations. I understand that if I complete this nomination, it will replace any nomination I have made earlier.

Person or people you wish to nominate <small>(see note 3)</small>	Their relationship to you <small>(see note 4)</small>	Their address or addresses	Proportion <small>(see note 3)</small>

Your Signature:	Date:
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FOR ADMINISTRATOR USE

We have recorded this nomination and cancelled any previous nomination; Date

Company Stamp:

The Police Pension Scheme 2015 Partner Declaration form

- **By completing this declaration form you nominate your partner to receive an adult partner’s pension payable under the Police Pensions Regulations, subject to the submission of a valid claim in the event of your death.**
- **This declaration alone does not give your partner entitlement to a pension. If you were to die, the police authority would need to be satisfied that your relationship with your partner met the qualifying conditions for the payment of a pension at the time of your death. Please read this leaflet for more information.**
- **Please fill in this form in black ink and in BLOCK CAPITALS, and send it to your force’s pensions administrator, acting on behalf of the police authority, to the PO Box address at the top of this form or through the internal mail to Equiniti. They will acknowledge that they have received the form by returning a copy of it to you.**

PART 1. ABOUT YOU (THE SCHEME MEMBER)	
Your name	
Pay reference / Warrant no.	
Address	
Postcode	
Daytime telephone number	

PART 2. ABOUT YOUR PARTNER	
Partner’s full name including title	
Partner’s date of birth	
Partner’s address (<i>this should normally be the same as the address of the Scheme member</i>)	
Postcode	

Now turn over

PART 3. DECLARATION

- We confirm the following.
 - We have lived together for _____ years, during which time our financial affairs have been interdependent (or the partner has been financially dependent on the Scheme member).
 - We have an exclusive, committed and long-term relationship with each other and we intend to continue this indefinitely.
 - We are not married to each other and we have not formed a civil partnership with each other
 - We are not related in a way that will prevent marriage or civil partnership
 - Neither of us is married to anyone else.
 - Neither of us has formed a civil partnership with anyone else
 - Neither of us is currently nominated as the unmarried partner of anyone else.
- We will tell the scheme administrator in writing if our relationship comes to an end.
- We understand that benefits will not be paid unless the partner provides satisfactory evidence that the declaration above is valid when the Scheme member dies.

Scheme member's signature (*signed in the presence of the witness named below*)

Date

Partner's signature (*signed in the presence of the witness named below*)

Date

PART 4. WITNESS (*NOTE: THE WITNESS IS SIMPLY REQUIRED TO WITNESS THE SIGNING OF THE FORM BY THE SCHEME MEMBER AND PARTNER IN PART 3 ABOVE*)

Name of witness

Address of witness

Postcode

Signature of witness

Date

FOR ADMINISTRATOR USE

We have recorded this nomination and cancelled any previous nomination;

Date

Company Stamp:

The Police Pension Scheme 2015

Nomination or revocation of lump sum death grant

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