

Local Government Pension Scheme (LGPS) Request for an estimate of retirement benefits for a pensionable employee PEN010

It is essential this form is completed accurately as member benefits will be based on the information provided. If you are completing this form on behalf of a scheme employer (e.g. as a third-party payroll or HR provider) we **will be checking** that we have received authorisation from the scheme employer that you are able to complete and submit forms on their behalf.

Scheme employer name:

Name of person requesting the quote:

Contact email address:

Please indicate if you are requesting this information on behalf of the scheme employer (e.g. as a third-party payroll or HR provider)

Scheme member information		
Name:	NI number:	
Job title:	Post number:	
Hours per week:	Date of birth:	
Estimated termination date:	Additional notes:	

Reason for termination (Please choose one options between a and d below)

- a) Normal retirement at normal pension age (minimum age 65 or member's State Pension age, if later).
- b) Early retirement (55-60) (tick I, II or III of the below options to confirm if/ how reductions are applied)
 - I. full reduction applied to member benefits.

II. Early retirement (55-60) - and if 85-year rule applies agreement to waive all the actuarial reduction (at full cost to employer).

III. Early retirement (55-60) - and if 85-year rule applies agreement to waive some of the actuarial

reduction (at full cost to employer). Please state amount £ or % to be waived:

c) Redundancy (R) or Efficiency (E) – (Please confirm either R or E).

d) Flexible retirement (age 55 or over) – (Please confirm if any reduction due to member benefits is waivered at full cost to the employer).

None – full reduction Waiver all reduction Waiver in part

If waivered in part selected, confirm in £ or % to be waivered:





e) III health retirement – (Please confirm which tier a quote should be based on. The tier criteria found in the LGPS regulations must be demonstrated before a pension can be paid. Choose one from the options)
Tier 1 (full enhancement) Tier 2 (25% enhancement) Tier 3 (no enhancement)

Employee pay deta	il to be used in e	estimate
Pay details for members with pre 1 April 2014 servic	е	
Estimated full-time equivalent rate of pensionable	e pay at estimated o	date of leaving:
		£
Estimated full-time equivalent rate of pensionable	e pay during the las	t 365 days:
		£
Estimated part-time equivalent rate of pensionab	le pay at estimated	date of leaving (if applicable):
		£
Estimated part-time equivalent rate of pensionab	le pay during the la	st 365 days (if applicable):
		£
If part-time, state hours used in calculation:	per week	weeks per year.
Pay details for members with post 1 April 20 (CAR)14 service caree E) pay	er average revalued earnings
Career average revalued earnings (CARE) pay for po	ost 1 April 2014 sei	rvice
Current year CARE pay received from start of c	urrent scheme year	(April) to
estimated retirement date and include any periods of APP.		£
Annual assumed pensionable pay (APP) Calc	ulation sheet to be a	attached
		£
Previous year CARE pay from April – March of	previous scheme ye	ear
and include any periods of APP:		£
Estimated CARE pay for future years (not nee	ded if leave date is	in
current financial year):		£

For completion by authorising signatory

Please state who the estimate should be forwarded to:

Signature:

Name:

Job title:

Email:

Date:

Please return this form using iConnect document upload. See the <u>i-Connect document transfer guide 2023</u> on our website for further details.