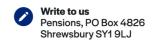


## Local Government Pension Scheme (LGPS) Request for an estimate of retirement benefits for a pensionable employee PEN010

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.

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)

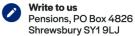
Tier 2 (25% enhancement)

Tier 3 (no enhancement)









2

Call us



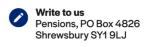
## Employee pay detail to be used in estimate

## Pay details for members with pre-1 April 2014 service

·		
Estimated full-time equivalent rate of pensionable pay at estimated date of leaving:		
£		
Estimated full-time equivalent rate of pensionable pay during the last 365 days:		
£		
Estimated part-time equivalent rate of pensionable pay at estimated date of leaving (if applicable):		
£		
Estimated part-time equivalent rate of pensionable pay during the last 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 2014 service career average revalued earnings CARE pay		
Career average revalued earnings (CARE pay for post 1 April 2014 service		
Current year CARE pay received from start of current scheme year (April) to		
estimated retirement date and include any periods of APP.		
£		









Annual assumed pensionable pay (APP) Calculation sheet to be attached		
£		
<b>Previous year CARE pay</b> from April – March of previous scheme year and include any periods of APP:		
£		
Estimated CARE pay for future years (not needed 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</u> transfer guide 2023 on our website for further details.		

November 2024





