

Local Government Pension Scheme (LGPS) Estimate Request Form

LGPEN 103

For members of Notts LG Pension Fund who would like an estimate of their pension benefits. This form should not be used if you require an illustration of your pension options when your retirement has already been agreed. Please follow the instructions contained in your Retirement Pack.

Please note

In order to provide a more focused service for those members who are age 55 or over and are planning for their retirement, we are asking members who are under this age to request an estimate only when absolutely necessary.

Step 1

Complete Section A.

Step 2

If you are an employee of Nottinghamshire County Council, forward your completed Section A to Notts LG Pensions Office (address below) who will respond to you directly. No further action is necessary.

If you are employed by another employer covered by the Nottinghamshire Pension Fund, for example a district council, please forward the whole form to your employer.

Step 3 – Non County Council employees only

Your employer will complete Section B and will return the document to your home address / email address (if stated).

Step 4

Check that all sections have been fully completed and only then should you submit the form to Notts LG Pensions Office at the following address:

Notts LG Pensions Office
Business Support Centre
Nottinghamshire County Council
c/o County Hall
West Bridgford
Nottingham
NG2 7QP

or email to lgpensions@nottsc.gov.uk

Incomplete forms will not be accepted and will be returned to you.

Contacting Notts LG Pensions Office

Telephone helpline: 0115 977 2727
Email: lgpensions@nottsc.gov.uk
Website: www.nottspf.org.uk

To find out more about the LGPS 2014 Scheme, visit www.lgps2014.org

Personal Details

Surname: Forename(s):

National Insurance Number: Date of birth:

Partnership Status:

- Single Registered Civil Partnership Divorced / Partnership Dissolved
 Married Eligible Cohabiting Partner Widow/er

Home Address: Postcode:

Daytime Phone No*: Email Address*:

Pay Reference: Department: Job Title:

Employer:

*optional

Estimate Request

Date estimate to be calculated to:

Reason for Estimate Request:

We ask for this detail as it will determine the information we are required to provide.

- Considering Retirement (age 55 or over) Other (please state)
 Divorce Purposes _____
 Financial Planning _____

Member Authorisation

By signing this form, I hereby request that an estimate is provided in accordance with the above details and I further understand my employer will release any information requested by Notts LG Pensions Office.

Signed: Date:

Section B – to be completed by the member’s employer (for non NCC employees only)

Financial Details

For help in completing this section, please refer to the our website www.nottspf.org.uk/employers

B1: For members with any pre 1st April 2014 membership - details of whole-time equivalent pensionable pay (term-time only if applicable) during the 12 months ending with the last day of membership (or earlier period as appropriate) – 2008 definition.

| From | To | Salary Amount (monthly/weekly) | Months/ Weeks | Part-time pay (£) | Multiplier to Whole-Time | Whole-Time (£) |
|------------------|----|-----------------------------------|------------------|----------------------|-----------------------------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUB-TOTAL | | | | | | £ |

B1a: Plus any additional pensionable pay (enter details below) - 2008 definition.

| | | | | | | |
|--|--|--|--|--|--|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL FINAL PAY for calculation of pre 2014 benefits | | | | | | £ |

B2: CARE benefits: estimated actual pensionable pay from 1st April to either last day of membership or end of current year (if last day of membership is after the next 31st March) – 2014 definition.

| | | | | | |
|-----------------|------|--|----|--|----------|
| CARE PAY | from | | to | | £ |
|-----------------|------|--|----|--|----------|

B2a: Additional information relating to CARE benefits (if required):

If the member was in the 50:50 section of the scheme, or has received Assumed Pensionable Pay since 1st April, please include details above (or attach additional information if necessary).

B3: Hour changes:

| Date | Hours | Date | Hours |
|------|-------|------|-------|
| | | | |
| | | | |
| | | | |

Note: If the member has requested an estimate for divorce purposes, information must be provided within prescribed timescales and failure to do so can result in fines being imposed by the Pensions Regulator.

Information provided by

| | | |
|-------|--------------|-------|
| Name: | Designation: | Date: |
|-------|--------------|-------|

| | |
|---------|----------------|
| Tel No: | Email address: |
|---------|----------------|

Please now return the completed form to the member’s home / email address indicated in Section A.