



Forms to make life easier

This booklet contains a set of all the forms that you may need to use as a member of the PCPF. Some need to be filled in straightaway and some may be useful during your membership, while others will only be needed when you come to retire.

On page 2 we list the various forms and explain briefly what each is designed to do. Please keep this booklet handy, so that you can easily find a given form when needed and then simply print it out. If you need help with any of the forms, please contact the Pensions Unit.

- 1 Meeting request form**
To be used if you would like to arrange a meeting with the Pensions Unit to discuss any aspect of your PCPF membership or benefits.
- 2 Opt out form**
To be submitted should you decide that you do not wish to be a member of the PCPF, having joined automatically when elected.
- 3 Retained benefits form**
This tells the Trustees about benefits you built up in other pension arrangements and allows them to check whether you may exceed the maximum PCPF pension on retirement.
- 4 Partner nomination form**
If you are not married or in a civil partnership, this form allows you to nominate a partner to receive a PCPF pension when you die.
- 5 Death benefit nomination form**
This form tells the Trustees who you would like to receive the lump sum benefit which may be payable if you die before age 75 as a contributing member.
- 6 Added years application form**
Use this form if you wish to purchase extra years of pensionable service to count towards your pension and/or your dependant's pension.
- 7 Transfer in option form**
Use this form if you would like to transfer in the value of pension benefits from previous employment, a personal pension or an annuity contract.
- 8 Transfer in authority form**
This form authorises the administrators of your previous pension arrangements to provide full details of your benefits with them to the PCPF administrators.
- 9 Retirement options form**
When you retire, this form allows you to state whether or not you wish to exchange part of your pension for a tax-free cash sum and to provide other information to enable your benefits to be paid.
- 10 Retirement options form (age 75)**
This form allows you to set out your choice from the various options available to you when you reach the age of 75.
- 11 Application for payment of Guaranteed Minimum Pension**
This allows you to request that payment of your Guaranteed Minimum Pension begins from a certain date and to provide your bank details.
- 12 Dependants' pension payment form**
This allows your partner or other dependants to apply for a dependants' pension following your death.
- 13 Form of indemnity**
This form allows beneficiaries to indemnify the Trustees against further claims following their receipt of a lump sum death benefit.



Parliamentary Contributory Pension Fund Meeting request form

Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
NI no.	
Home address	
Postcode	Telephone no.

I would like to arrange a meeting to discuss my PCPF membership and/or benefits.

Please give an indication of the area you would like to discuss in the box below:

Signed	Date
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Please return this form to:

The Pensions Unit, Department of Resources, House of Commons, London SW1A 0AA

The Pensions Unit will then contact you to arrange a meeting.



Parliamentary Contributory Pension Fund

Opt out form

Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
Nl no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

a) I wish to opt out of the PCPF from the date I was elected or re-elected to the House of Commons and declare this was within the last three months*

b) I wish to opt out of the PCPF from the end of the current month*

*** Please delete a) or b) as appropriate**

Date elected or re-elected to the House of Commons
Effective opt-out date

I understand that by opting out of the PCPF, my family and I will be foregoing valuable pension and death benefits under the PCPF and that I may not be permitted to rejoin the PCPF unless I am re-elected.

Signed	Date
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Please return this form to: PCPF Administration Team, rpmi, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund

Partner nomination form

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If you are unmarried or not in a civil partnership, you may nominate a partner to receive a pension from the PCPF on your death. To qualify:

- you must have served as an MP after 3 November 2004;
- you and your nominee must be co-habiting, in an exclusive, financially dependent or inter-dependent relationship at the time of your death;
- you must not have been prevented from marrying or forming a civil partnership.

The benefit is available to opposite and same sex partnerships.

Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
NI no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

Your partner's details

Surname	
Forenames	
Title, decorations, etc	Date of birth

Signed	Date
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Please return this form to: PCPF Administration Team, rpmf, PO Box 193, Darlington DL1 9FP

Administered by rpmf: PCPF, PO Box 193, Darlington DL1 9FP. **T:** 0845 555 3377 **F:** 01325 343 177 **e:** PCPF@rpmf.co.uk

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Parliamentary Contributory Pension Fund

Death benefit nomination form

(contributing members under age 75)

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If you die before the age of 75 whilst contributing to the Fund (or having ceased paying contributions due to your PCPF pension having reached the 2/3rds limit), a lump sum benefit is payable at the discretion of the Trustees. The lump sum is generally not subject to income or inheritance tax, but please refer to the section headed Lifetime Allowance in the Members' E-Booklet – MPs' Section.

Please note: if you are proposing that your lump sum benefit be shared, the total percentage of benefit must equal 100%.

Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
Ni no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

It is my wish that any lump sum benefit payable on my death before age 75 whilst contributing to the Fund be paid to the following person or persons:

Full name of proposed beneficiary	
Address	
Relationship	Proportion of benefit
Full name of proposed beneficiary	
Address	
Relationship	Proportion of benefit
Full name of proposed beneficiary	
Address	
Relationship	Proportion of benefit

I understand that this nomination:

- Will cease to be valid if the nominee is my spouse or civil partner and my marriage or civil partnership ends, or if any of the nominees die
- May be revoked at any time by my giving notice, in writing, to the Trustees
- May be disregarded if the Trustees are of the opinion that payment to the nominee is not reasonably appropriate (eg, the nominees cannot be traced)

Signed	Date
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Please return this form to: PCPF Administration Team, rpm, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund

Added years application form

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Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
Nl no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

1) I agree to pay additional contributions of % of my salary to buy added years

2) I attach my birth certificate and also a letter from my GP confirming I am in good health

I give authority for the appropriate deductions to be made from my pay, including any arrears, until I reach age 65.

Signed	Date
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Parliamentary Contributory Pension Fund

Transfer in option form

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Your details (please complete in BLOCK CAPITALS)

Name of former scheme	
Surname	
Forenames	
Title, decorations, etc	Date of birth
NI no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

I wish to transfer my previous pension benefits from:

	to the PCPF.
Address	

(Please give name of previous pension scheme, plus the address of the scheme's Trustee if possible.)

Signed	Date
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Parliamentary Contributory Pension Fund

Transfer in authority form

Please complete in BLOCK CAPITALS.

To the administrators of:

Name of your previous scheme	
Name of administrator/insurance company	
Address	
	Postcode

I authorise you to provide full details of my pension arrangements under the above scheme, including a current transfer value, to rpm Ltd, as administrators of the Parliamentary Contributory Pension Fund (PCPF).

The information below may help the administrators/insurance company trace your record *(please fill in as much as you can)*

Previous employer	
Approximate dates of membership: from	to
Membership number (if known)	

Your details

Surname	
Forenames	
Title, decorations, etc	Date of birth
NI no.	

Signed	Date
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Should you have more than one pension entitlement that you would like to consider transferring into the PCPF, please complete a separate form for each pension.

Please return this form to: PCPF Administration Team, rpm, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund

Retirement options form

Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
Nl no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

Request for payment of benefits

I wish to apply for payment of my pension from (Date)

I wish to **(tick one box)**:

exchange part of my pension for a tax-free cash sum of £ (please enter amount).
I confirm that I have no intention of using the tax-free cash sum to finance payment of a contribution into another pension scheme.

have my pension paid in full and not exchange part of my pension for a tax-free cash sum.

Lifetime allowance (LTA)

I confirm that the value of my PCPF pension plus the value of all my other pensions which are currently being paid to me or will come into payment on or before my PCPF pension is paid:

<input type="checkbox"/> a) Will not exceed the lifetime allowance (LTA)*
<input type="checkbox"/> b) Will exceed the lifetime allowance and I attach a Pension Protection Certificate*
<input type="checkbox"/> c) Will exceed the lifetime allowance. I do not have a Pension Protection Certificate*

* Please delete as appropriate

Calculating your lifetime allowance (LTA)

In assessing whether or not your pension entitlements exceed the LTA, please complete the following calculations:

- Multiply your PCPF pension by 20. *If you decide to take a tax-free cash sum, you should multiply your reduced pension by 20 and then add the tax-free cash sum to this figure.*
- Multiply the current annual pension you receive from other arrangements (where the first payment was made before 6 April 2006) by 25.
- For pensions from other pension arrangements paid, or transferred overseas, after 5 April 2006, total the value of the LTA used up from each pension. These figures should have been provided to you upon retirement or transfer.

Important notes

- Do not include in b) and c) any benefits paid by the State.
- Should a tax charge be levied by HMRC as a result of incorrect information being supplied in relation to the overall value of all your pension entitlements and/or protection of your benefits, you will be personally liable for the tax charge.

Payment of pension

Please pay my pension into the following bank/building society account

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Payment of tax-free cash sum

Please pay the tax-free cash sum **(tick one box)**:

- into my bank/building society account. *If this is a different account to the one into which your pension is to be paid, please provide the appropriate details below.*
- by cheque sent to my home address.

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Certificates

I enclose the following documents: (*delete as appropriate) (These will be returned immediately by recorded delivery)

- Original birth certificate*
- Original marriage certificate/civil partnership certificate*
- Original spouse's/civil partner's birth certificate*

Signed	Date
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Parliamentary Contributory Pension Fund

Retirement options form (age 75)

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Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
Nl no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

Request for payment of benefits

Please delete a, b, c, d or e, as appropriate

- a) I elect to receive the maximum tax-free cash sum* and reduced pension (as detailed in the covering letter) from my 75th birthday, as I shall be standing down.
- b) I elect to receive my full pension from my 75th birthday as I shall be standing down.
- c) I elect to receive the maximum tax-free cash sum* (as detailed in the covering letter) and suspend payment of my reduced pension in excess of the GMP until I cease to be an MP.
- d) I elect to suspend payment of my full pension in excess of the GMP until I cease to be an MP and to not receive a tax-free cash sum.
- e) I elect to continue to contribute to the PCPF.

* If you wish to take a lower tax-free cash sum than the maximum permitted, please insert below the amount of cash you would like to take. The revised reduced pension will be recalculated and advised to you by the administrators of the Fund.

I do not wish to take the maximum tax-free cash sum but instead elect to receive a smaller cash sum of £

£

Lifetime allowance

I confirm that the value of my PCPF pension plus the value of all my other pensions which are currently being paid to me or will come into payment on or before my PCPF pension is paid:

- a) Will not exceed the lifetime allowance (LTA)*
- b) Will exceed the lifetime allowance and I attach a Pension Protection Certificate*
- c) Will exceed the lifetime allowance. I do not have a Pension Protection Certificate*

* Please delete as appropriate

Calculating your lifetime allowance (LTA)

In assessing whether or not your pension entitlements exceed the LTA, please complete the following calculations:

- Multiply your PCPF pension by 20. *If you decide to take a tax-free cash sum, you should multiply your reduced pension by 20 and then add the tax-free cash sum to this figure.*
- Multiply the current annual pension you receive from other arrangements (where the first payment was made before 6 April 2006) by 25.
- For pensions from other pension arrangements paid, or transferred overseas, after 5 April 2006, total the value of the LTA used up from each pension. These figures should have been provided to you upon retirement or transfer.

Important notes

- Do not include in b) and c) any benefits paid by the State.
- Should a tax charge be levied by HMRC as a result of incorrect information being supplied in relation to the overall value of all your pension entitlements and/or protection of your benefits, you will be personally liable for the tax charge.

Payment of pension

Please pay my pension into the following bank/building society account

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Payment of tax-free cash sum

Please pay the tax-free cash sum (**tick one option**):

into my bank/building society account. *If this is a different account to the one into which your pension is to be paid, please provide the appropriate details below.*

by cheque sent to my home address.

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Certificates

I enclose the following documents: (***delete as appropriate**) (These will be returned immediately by recorded delivery)

- Original birth certificate*
- Original marriage certificate/civil partnership certificate*
- Original spouse's/civil partner's birth certificate*

Signed	Date
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Parliamentary Contributory Pension Fund

Application for payment of Guaranteed Minimum Pension

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Your details (please complete in BLOCK CAPITALS)

Surname	
Forenames	
Title, decorations, etc	Date of birth
Nl no.	PCPF member no. (if known)
Home address	
Postcode	Telephone no.

Request for payment of benefits

I wish to apply for payment of my Guaranteed Minimum Pension from (Date)

Payment of Guaranteed Minimum Pension

Please pay my Guaranteed Minimum Pension into the following bank/building society account

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Certificates

I enclose the following documents: (*delete as appropriate) (These will be returned immediately by recorded delivery)

1 Original birth certificate*
2 Original marriage certificate/civil partnership certificate*

Signed	Date
--------	------

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Parliamentary Contributory Pension Fund

Dependants' pension payment form

To apply for a dependant's and/or children's pension under the Rules of the Parliamentary Contributory Pension Fund, please complete part A, as well as part B, C or D, as appropriate.

You must also remember to complete the declaration overleaf.

Please complete in BLOCK CAPITALS.

Part A: Member's details

Surname
Forenames
Title, decorations, etc
PCPF member no. (if known)

Part B: Dependant's details

Surname	
Forenames	
Title, decorations, etc	
Date of birth	NI no.
Full postal address	
Postcode	Telephone no.

Part C: Dependant's bank details

Name of bank or building society	
Address	
Account no.	Sort code or roll number
Account name	

Part D: Children's pensions

Name of child 1
Name of child 2
Name of child 3
Name of child 4

Please attach:

- a full birth certificate (not the short form) for each child
- a letter on headed paper from the educational establishment for each child aged between 17 and 22

Child 1's bank account (if different from the details in Part C)

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Child 2's bank account (if different from the details in Part C)

Name of bank or building society	
Address	
	Sort code or roll number
Account no.	Account name

Declaration and attestation

I declare that:

- I am the dependant of the deceased member named overleaf and I am entitled to a dependant's pension
- The child(ren) listed in Part D were dependent on the deceased member and meet the requirements detailed in the attached letter

I enclose the following documents: (delete as appropriate)

1 original death certificate
2 original marriage or civil partnership certificate
3 my original birth certificate or passport
4 full birth certificate for each child named in Part D
5 letter confirming full-time education for each child between ages 17 and 22

Signed	Date
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Parliamentary Contributory Pension Fund

Form of indemnity

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Please complete in BLOCK CAPITALS.

Name of former member

In consideration of the Trustees of the PCPF paying me the amount of £
due to the estate of the above-named former member, I indemnify the Trustees of the PCPF against
any claims which may be made by any other person.

Claimant's details

Surname

Forenames

Title, decorations, etc

Date of birth

Home address

Postcode

Telephone no.

Relationship to the former member

Signed

Date

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