

# NHS Pensions – Request for a chargeable cash equivalent transfer value (CETV)

Please check the table below to see if a charge is applicable. If there is no charge, then do not complete this form. Instead download and complete the 'Transfer out and application pack' from the website at www.nhsbsa.nhs.uk/member-hub/leaving-or-taking-break-scheme

### Schedule of charges for cash equivalent transfers (CETV)

Type of CETV	Charge (including VAT at 20%)
A first request for a CETV or where a CETV has not been provided in the last 12 months (active or deferred member)	No charge
An additional CETV request made within 12 months of an earlier CETV being provided (active or deferred member)	£408
A replacement guaranteed CETV where the transfer election forms were not returned within three months of the guarantee date (deferred member)	£408
A CETV request when all liability has been discharged, or you are already in receipt of pension benefits	£408

We will review these charges each year. The increase will be no more than the Consumer Price Index (CPI) at the end of the preceding September.



For internal use only: please register as ESTH17A

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#### Part 1 - Your personal details

Surname	
Other names	
Address	
Talanhana numbar	
Telephone number	
Email address	
National Insurance no.	
Membership number (if known)	
you is required. If this has not a	e Scheme member, their written authority to release information to already been provided to NHS Pensions, please arrange for s form. Please provide your details below and your relationship to itor, client, parent, child).
Your name or company name	
Relationship to the member	
Your address	
Telephone number	
Email address	

Any information provided will be sent to the requestor's address.

### Part 2 – Confirm the reason for your chargeable request

Type of CETV	Check one option	Charge (including VAT at 20%)
An additional CETV request made within 12 months of an earlier CETV being provided (active or deferred member)		£408
A replacement guaranteed CETV where the transfer election forms were not returned within 3 months of the guarantee date (deferred member)		£408
A CETV request when all liability has been discharged, or you are already in receipt of pension benefits		£408

All charges include VAT at the standard rate of 20%

Part 3	- Declaration			
•	I agree to pay the applica this form.	ble charge for provision of the information specified at Part 2 o		
Signa	ture			
Name	(please print)			
Date				
Part 4	- Payment			
Please	confirm which of the follow	ing payment methods you have chosen:		
	Bank transfer payn	Bank transfer payment  The bank account details for electronic payments are as follows:  Sort code: 60-70-80 Account number: 10021205  Your reference must include the National Insurance number of the member followed by their surname. Your request cannot be processed without this information.		
	The bank account det			
	Cheque			
	•	e made payable to 'NHS Business Services Authority'. You working days for the payment to process.		

If you have paid by bank transfer then you can email a copy of the completed form to <a href="mailto:nhsbsa.pensionsmember@nhsbsa.nhs.uk">nhsbsa.pensionsmember@nhsbsa.nhs.uk</a> or you can send it by post.

If you are paying by cheque, then you must enclose it with the completed form and send it to us by post.

The postal address to use is:

NHS Pensions P O Box 683 Unit 5 Newcastle upon Tyne NE5 9EE

#### How we use your information

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at <a href="https://www.nhsbsa.nhs.uk/yourinformation">www.nhsbsa.nhs.uk/yourinformation</a>