



Information and guidance for completing application form HSC: (ALLO)

The following guidance notes are designed to provide information about Allocation and to assist with the completion of the Application.

Allocation is giving up or surrendering part of your pension at retirement to provide for a beneficiary after your death. You can allocate in favour of one person only e.g. spouse, registered civil partner, nominated partner, child or close family member who is wholly or partially dependant on you for support.

If you chose to allocate to a spouse, registered civil partner/nominated surviving partner or dependent child, the allocated pension will be paid in addition to family benefits (providing you have relevant family benefits service) which the Regulations already have provision for on the death of a member.

You should note that if the person you have chosen to allocate a proportion of your pension to pre-deceases you, you will not be entitled to reclaim the percentage of pension you had allocated previously. For example, if you had allocated 25% of your pension to a dependant who dies before you, you will continue to receive only 75% of your original pension amount.

Members (or members with preserved benefits) who chose to allocate, must be in good health and are required to provide medical evidence to support this. Any costs incurred in obtaining medical evidence will be at your own expense. Your employer will also be asked to provide details of your absences over the last 5 years. The medical evidence will be submitted to HSC's Medical Adviser to confirm your health.

If you decide to allocate you:

- must do so before your benefits from the Scheme become payable
- can allocate up to one third of your Scheme retirement pension which must be in an exact number of pounds
- must be left with more pension than the beneficiary
- cannot be left with less than the guaranteed minimum pension required under the State Pension Scheme
- must provide the beneficiary with a pension of not less than 1% of your Lifetime Allowance (LTA) see HMRC website.
- can only cancel in the period between the time you apply and the date HSC notifies you that it has been accepted and
- cannot cancel once it has been accepted.

The amount of beneficiary pension payable is dependant on the age of both you and the beneficiary and the gender of the beneficiary.

HMRC rules restrict authorised payments of a pension to a child up to age 23. Payments paid to a child after age 23 may cause an unauthorised payment subject to a 40% tax charge. However, if at the time of your death the child is dependent on you due to “physical or mental impairment” the payment will remain authorised. The child may be required to undergo a medical examination by the HSC’s Medical Adviser.

SECTION 1 - Personal Details (to be completed in all cases)

Please complete all fields with the information as requested. Please ensure your Date of Birth and National Insurance details are completed. If you do not know the Employer Code relating to your Employing Authority please contact your HR or Payroll office who should be able to provide you with this information.

SECTION 2 - Beneficiary’s details

Please ensure all parts are complete to ensure that there are no delays in the payment of your retirement benefits.

Your beneficiary will be asked to provide copies of the relevant certificates when the Allocated pension becomes payable.

SECTION 3 - Confirmation of dependency.

To assist HSC establish dependency, you are required to submit details about how much you wish to allocate, the amount of pension you expect to receive after the deduction has been made and what pension you expect your beneficiary to receive.

You are also required to advise whether the beneficiary (other than a spouse) is wholly or mainly dependant on you, how much you contribute towards their support, whether you contribute regularly or occasionally and provide their total income from all sources. You should also provide a few short lines to advise why you consider that the beneficiary is dependant on you.

Section 4 - Declaration

You should ensure that you have completed all relevant parts of the application before signing and dating the declaration. If the declaration is not signed this will result in the form being returned to you and may cause a delay in the payment of your retirement benefits.

Notes:

HSC will write to you to advise if your application to Allocate has been successful and you should advise your beneficiary of this in the event of your death.

HSC SUPERANNUATION SCHEME **ALLOCATION OF PENSION**

SECTION 1 – MEMBER’S DETAILS

Superannuation No: SB

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 Employer Code:

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Surname

Contact Address

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Former Surname (if applicable)

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Forenames (in full)

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Title

Post Code									
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Dr

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 Mr

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 Mrs

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 Miss

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 Ms

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Home Telephone number(including STD code)

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Other (please specify)

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Date of Birth (e.g. 15/04/1943)

Mobile Telephone number

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National Insurance number

E-mail address

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SECTION 2 - BENEFICIARY’S DETAILS

Surname

Contact Address

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Forename

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Relationship to Member

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Date of Birth (e.g. 15/04/1943)

If married or entered into a civil partnership with member, please state date

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SECTION 3 – To enable HSC to process the application you must confirm the following

The amount you wish to allocate from your pension.

The amount of pension expected after deduction for allocation.

The expected beneficiary pension.

If the beneficiary is a person other than a spouse or civil partner, please state if they are wholly or partially dependant on you.

Wholly

Partially

Please state the average amount per annum contributed towards the support of the beneficiary.

Are the contributions regular or occasional?

Regular

Occasional

Please state the beneficiary's total annual income from all sources.

Please tell us why you consider the beneficiary to be dependant on you

SECTION 4 - Declaration

I wish to make an allocation under the HSC Superannuation Scheme Regulations.

I confirm that I am in good health and have provided medical evidence to support this.

I grant permission for HSC to send the information to their Medical Adviser to confirm that the conditions of the Regulations are satisfied.

I am also willing to undergo a medical examination if this is deemed necessary.

Beneficiary's signature

Date

Member's signature

Date