PENSION ON DIVORCE OR DISSOLUTION OF CIVIL PARTNERSHIP  
CASH EQUIVALENT TRANSFER VALUE (CETV) APPLICATION

Please fully complete all appropriate fields with accurate information. Please print off and complete in CAPITAL LETTERS.

Surname Other names

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Date of Birth National Insurance Number

Contact number This CETV is required for:  
  
  
Email Address

A Divorce

The dissolution of a civil partnership

Previous divorce where Pension Sharing Order has already been made in the HSC Pension Scheme

Spouse/Civil Partners Gender

Male Female  
  
Please tick the box below that applies to you:

I have not received a CETV within the last 12 months and therefore no fee is payable

I need a CETV in less than six weeks so I agree to pay the charge\*

As a HSC Pension is in payment I am aware there will be a charge for the CETV\*

As I have received a CETV within the last 12 months, I agree to pay the charge\*

I am a deferred member over pension age and have not yet claimed my pension, I am aware there will be a charge for the CETV\*

I require a CETV which is not for Divorce or Dissolution of a Civil Partnership and am aware there will be a charge for the CETV (including IFA and Hypothetical requests)

**Payment**

If a payment is applicable please provide a cheque made payable to ‘The Business Services Organisation’.  
\*The Charge for a CETV is £408.00 (£340.00+VAT). Please see Schedule of Charges for Pensions on Divorce or Dissolution of a Civil Partnership available on our website at:  
<http://www.hscpensions.hscni.net/pensions-on-divorce-2/>

You must confirm where you want the CETV to be sent. Please complete the address box below. (If the address is to a 3rd party you must also provide your authority below)

Name of Recipient

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| --- | --- |
|  | |
|  | |
|  | |
|  | |
| Post Code |  |

Please confirm address where CETV is to be sent

Please tick this box if you would like to update your pension record with this address.

If you wish for the CETV to be sent to a third party please tick the box below:

I authorise my CETV to be sent to the third party recipient above.

**Declaration**

* I have read the ‘Guide to Pensions on Divorce or Dissolution of a Civil Partnership and the notes on the HSC Website at: <http://www.hscpensions.hscni.net/pensions-on-divorce-2/>.
* I understand the CETV will be sent to the address as stated above.
* I have a Court date which is:

Signature

Date

|  |  |
| --- | --- |
| Member | Where to send PD1 |
| Trust Employee | Payroll Pensions Team  Waterside House  75 Duke Street  Derry/Londonderry  BT47 6FP |
| GP Practice Employee | Please give this form to your practice manager |
| Pensioner/Deferred member  OR  Medical/Dental Practitioner | HSC Pension Service  Waterside House  75 Duke Street  Derry/Londonderry  BT47 6FP |