



## HSC PENSIONS - PENSIONS ON DIVORCE/DISSOLUTION OF CIVIL PARTNERSHIP CASH EQUIVALENT TRANSFER VALUE (CETV) APPLICATION

- You must complete all appropriate fields with accurate information
- Once you have completed the form, please read part 5 for information on where to send your form

Title Surname Forename(s)

National Insurance Number

**This CETV is required for:**

A divorce

Contact Telephone Number

The dissolution of a Civil  
Partnership

Email address

A previous divorce where a Pension  
Sharing Order has already been  
made

**If you are an active member of the scheme and require a CETV for divorce proceedings, the request MUST come directly from your Solicitor/Representative. All other applications will be returned to the member for re-submission from their solicitor.**

Please tick the box below that applies to you:

I have not received a CETV within the previous 12 months

I require a CETV within six weeks | *administration charge applicable\**

I am currently in receipt of an HSC Pension | *administration charge applicable\**

I have received a CETV within the previous 12 months | *administration charge applicable\**

I am a preserved member over the Normal Retirement Age and have not yet claimed my pension |  
*administration charge applicable\**

*\*The administration charge for a CETV is £408.00 (£340.00+VAT). Please see the 'Schedule of Charges' document available on our website at [www.hscpensions.hscni.net](http://www.hscpensions.hscni.net)*

### Payment Details (where applicable)

You can pay by BACS transfer to the HSC Pensions Scheme Account:

**Sort Code:** 95-01-21

**Account Number:** 90197955

If you wish to pay by BACS payment we will require notification. When your payment has been made, please email us at [hscpensions@hscni.net](mailto:hscpensions@hscni.net) to notify us. Please provide your National Insurance Number and your full name as a reference.

Please confirm below where and whom the CETV should be sent to. Please note that if the Recipient and Address is a 3<sup>rd</sup> party, you must provide your authority below)

Name of Recipient

Please confirm address where the CETV is to be sent

Post Code

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

I authorise my CETV to be sent to the above address

## 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 issued to the address stated above

Signature

Date

**If you are an active member of the scheme, please ensure that your Solicitor/Representative signs and dates the below before the forward your application to the HSC Pension Service.**

Solicitor/Representative Signature

Date

## Where to send PD1

### Trust and Directional Body employees

**Print this form and scan a copy to to:** aw6.est.ppt@hscni.net

Alternatively, you may print and post this from to:

**Payroll Pensions Team, Waterside House, 75 Duke Street, Derry/Londonderry, BT47 6FP**

### GP Practice Employee

Please print and pass this form to your practice manager. Upon completion of PD2 forward to your Solicitor/Representative

### Pensioner or Deferred Member OR Medical/Dental Practitioner

**Print this form and scan a copy to to:** hscpensions@hscni.net

Alternatively, you may print and post this form to:

**HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP**