

Please confirm below where and whom the CETV should be sent to. Please note that if the Recipient and Address is a 3rd 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 forwarding your application to the HSC Pension Service.

Solicitor/Representative Signature

Date

Where to send PD1

Trust employees

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

Alternatively, you may print and post this form to:

Payroll Pensions Team, Orchard House, 40 Foyle Street, Derry/Londonderry, BT48 6AT

GP Practice, Federation & Directional Body Employees

Please print and pass this form to your Practice Manager/Payroll administrator along with a PD2 with part 1 completed by the member. Upon completion of PD2 forward to your Solicitor/Representative for submission to: hscpensions@hscni.net. Alternatively, you may print and post this form to: **HSC Pension Service, Orchard House, 40 Foyle Street, Derry/Londonderry, BT48 6AT**

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, Orchard House, 40 Foyle Street, Derry/Londonderry, BT48 6AT