

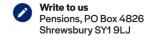
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Local Government Pension Scheme (LGPS) Request for an estimate of retirement benefits for a pensionable employee PEN010

It is essential this form is completed accurately as member benefits will be based on the information provided. If you are completing this form on behalf of a scheme employer (e.g. as a third-party payroll or HR provider) we will be checking that we have received authorisation from the scheme employer that you are able to complete and submit forms on their behalf.

| Scheme employer name: | | |
|---|-------------------|--|
| Name of person requesting the quote: | | |
| Contact email address: | | |
| Please indicate if you are requesting this information on behalf of the scheme employer | | |
| (e.g. as a third-party payroll or HR provider) | | |
| Scheme member information | | |
| Name: | NI number: | |
| Job title: | Post number: | |
| Hours per week: | Date of birth: | |
| Estimated termination date: | Additional notes: | |







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Reason for termination (Please choose one option- either A, B, C OR, D)

- a) Normal retirement at normal pension age (minimum age 65 or member's State Pension age, if later).
- **b)** Early retirement (55-60) (tick I, II or III of the below options to confirm if/ how reductions are applied)
 - I. full reduction applied to member benefits.
 - **II.** Early retirement (55-60) and if 85-year rule applies agreement to waive all the actuarial reduction (at full cost to employer).
 - **III.** Early retirement (55-60) and if 85-year rule applies agreement to waive some of the actuarial reduction (at full cost to employer).

Please state amount £ or % to be waived:

- c) Redundancy (R) or Efficiency (E) (Please confirm either R or E).
- **d) Flexible retirement (age 55 or over)** (Please confirm if any reduction due to member benefits is waivered at full cost to the employer):

None – full reduction

Waiver all reduction

Waiver in part

If waivered in part selected, confirm in £ or % to be waivered:

e) III health retirement – (Please confirm which tier a quote should be based on. The tier criteria found in the LGPS regulations must be demonstrated before a pension can be paid.) Choose one from the following options.

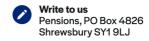
Tier 1 (full enhancement)

Tier 2 (25% enhancement)

Tier 3 (no enhancement)









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Employee pay detail to be used in estimate

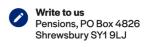
Pay details for members with pre-1 April 2014 service

| Estimated full-time equivalent rate of pensionable pay at estimated date of leaving: | | |
|--|--|--|
| £ | | |
| Estimated full-time equivalent rate of pensionable pay during the last 365 days: | | |
| £ | | |
| Estimated part-time equivalent rate of pensionable pay at estimated date of leaving (if applicable): | | |
| £ | | |
| Estimated part-time equivalent rate of pensionable pay during the last 365 days (if applicable): | | |
| £ | | |
| If part-time, state hours used in calculation: per week weeks per year. | | |
| Pay details for members with post 1 April 2014 service career average revalued earnings (CARE) pay | | |
| Career average revalued earnings (CARE) pay for post 1 April 2014 service | | |
| Current year CARE pay received from start of current scheme year (April) to estimated | | |

£

retirement date and include any periods of APP:







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| Annual assumed pensionable pay (APP) Calculation sheet to be attached | | |
|---|---|--|
| £ | | |
| Previous year CARE pay from April – March | of previous scheme year and include any | |
| periods of APP: | | |
| £ | | |
| Estimated CARE pay for future years (not needed if leave date is in current financial | | |
| year): | | |
| £ | | |
| For completion by authorising signatory | | |
| Please state who the estimate should be forwarded to: | | |
| Signature: | Name: | |
| Job title: | | |
| Email: | Date: | |
| | | |
| | | |
| Please return this form using i-Connect document upload. See the i-Connect document | | |
| transfer guide on our website for further details. | | |
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| | June 2025 | |
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