



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:





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 waived at full cost to the employer):

None – full reduction

Waiver all reduction

Waiver in part

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

e) Ill 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)





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:

£





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.

June 2025

