

Pension Estimate Request Form

Name <input style="width:95%;" type="text"/>	National Insurance No. <input style="width:95%;" type="text"/>
Payroll Ref. <input style="width:95%;" type="text"/>	Date of Birth <input style="width:95%;" type="text"/>
Employer <input style="width:95%;" type="text"/>	Department <input style="width:95%;" type="text"/>

Actual Retirement	Yes <input type="checkbox"/> (Accurate pay details must be supplied)	No <input type="checkbox"/> (Estimated pay figure is sufficient)
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Pay Details (obtained from your payroll provider)

 Full Time Equivalent Pensionable Pay ¹

 £

 Career Average Pay/Assumed Pensionable Pay ² from 1st April to **Date of Leaving**

Main Scheme £	50/50 £
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 Career Average Pay/Assumed Pensionable Pay ² to **previous 31/03** (If not already posted)

Main Scheme £	50/50 £
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 Current Hours**

 Date of Last Hour change

 Previous Hours**

** Please state if less than a 52 week per annum contract

 Anticipated date of retirement (*Requests for more than one date must be made on individual forms*)

 / /

Reason for Retirement (please tick one of the options below*)

a) Ill Health

 Tier 1

 Tier 2

 Tier 3

b) Flexible

 If Flexible is the Reduction Waived ³

 Yes No

c) Age 60 +

 If Age 60+ is the Reduction Waived ³

 Pre 2014 (Compassionate)

 Post 2014

 No

d) Age 55 – 59

 If Age 55 - 59 is the Reduction Waived ³

 Pre protected date (Compassionate)

 Post protected date

 No

 Switch on Rule of 85 ⁴

 On Off

 e) Redundancy

 f) Efficiency

Estimate for costing purposes only

 Yes

 No

*Requests for more than one reason must be made on separate forms

Please complete and sign the form overleaf

The following section should only be completed if your pensions discretion policy allows this.

Additional Pension Benefits to be granted	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please attach copy of Additional Pension Benefit calculation ⁵	

Address to which estimate is to be returned		Post <input type="checkbox"/> Email <input type="checkbox"/>
For the Attention of:		Tel No: <input type="text"/>

Authorised Signatory		Date	
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The estimate calculated by Cheshire Pension Fund is as accurate as possible using the information provided but is intended as a guide and not a guarantee of benefits.

Notes on Completion of this Form

1. Full time equivalent pay for last 365 days required for calculation of Pre 2014 benefits (if previous years pay to be used please supply copy of the calculation).
2. Details of Career Average Pay and Assumed Pensionable Pay can be found in our factsheets, available on our website www.cheshirepensionfund.org.
3. For age 60 plus retirements the reduction on benefits which are accrued before 1st April 2014 can only be waived on compassionate grounds, in all cases save Flexible retirement. Reductions on benefits accrued after 31st March 2014, or paid on Flexible retirement grounds, can be waived for any reason, at the employers discretion. For retirees before age 60, reductions prior to the members 85 year rule protected date can only be waived on compassionate grounds, or for any reason after this date. Please contact the Pension Fund for more information.
There is a cost to the employer in all cases for waiving benefit reductions.
4. If the '85 year' rule is switched on for retirees between age 55 and 59, there will be a cost to the employer. This enables full protection. If the member retires post age 60 full protection is automatic at no cost to the employer.
5. Additional Pension Benefit (APB) calculator can be found at:
www.cheshirepensionfund.org/?page_id=1395

Please note that redundancy compensation and APB cannot both be awarded.

Completed forms should be returned to:

**Cheshire Pension Fund,
The Portal,
Wellington Rd,
Ellesmere Port, C
heshire,
CH65 0BA.
Email: pensions@cheshirewestandchester.gov.uk**