

**PENSION SHARING OF DIVORCE
PENSION EQUIVALENT TRANSFER VALUE (PETV) APPLICATION**

Please tick appropriate box

NHS **Teachers**

SECTION 1 - PERSONAL DETAILS

Superannuation Number (if available)

Surname

Contact Address

Former Surname (if applicable)

Forenames (in full)

Postcode														
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Title

Dr Mr Mrs Miss Ms

Home telephone number (including STD code)

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If other, please specify

Mobile telephone number

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Date of Birth (e.g. 15/04/1943)

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Email address

National Insurance Number

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Male Female

SECTION 2 – PETV DETAILS

PETV is required for (please tick)

A divorce

Dissolution of civil partnership

Spouses gender (please tick)

Male

Female

Signature

Date

Please note: A PETV cannot be calculated for a date in the past or in the future, but only to the date of application. The fee for each PETV is £315.00 + Vat (378.00). Cheques should be made payable to SPPA and enclosed with this application. Other payment methods are available – please contact the PSoD Team for further information on 01896 893090.

Under current legislation, SPPA has three months in which to issue your PETV from the date we receive the form. Please put any other relevant information below eg: Solicitors name and address, which you feel may help us.

Please return your completed form to – PSoD Team, SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE.

Please use this space to record any other relevant information: