

**PENSION SHARING OF DIVORCE
CASH EQUIVALENT TRANSFER VALUE (CETV) APPLICATION**

Please tick appropriate box

NHS

Teachers

Part 1 Section 1 - PERSONAL DETAILS

Superannuation Number (if available)

Surname

Contact address

Former surname (if applicable)

Forenames (in full)

Postcode

Home telephone number (including STD code)

Title

Mr Dr Ms Mrs Miss

Mobile telephone number

If other, please specify

Email address

Date of birth (e.g. 15 04 1973)

National Insurance number

Job title/rank

Scheme Pays

Do you have Scheme Pays within the Remedy Period:

Yes

No

Have you received your Remedial Pension Savings Statement:

Yes

No

Have you completed HMRC Remedy Portal? This must be completed before we finalise your CETV. If this is delayed by HMRC this is out with our control and may result in your CETV being completed later than expected.

Yes

No

Section 2 – CETV details

Date of marriage or civil partnership (dd mm yyyy)

		/			/				
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Date of separation (dd mm yyyy)

		/			/				
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CETV is required for (please tick)

A divorce

Dissolution of civil
partnership

Spouses gender (please tick)

Male

Female

Is your case to proceed under Scots law or English law? (please tick)

Scots law

English law

Solicitor Name:

Solicitor's Address:

Solicitor's Email:

Signed

Date

		/			/				
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If you are a Deferred member or your Date of Separation over 12 months ago (Officer), 18 months (Practitioner): Please return the completed form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

If you are an Active member or your Date of Separation was within the last 12 months (Officer), 18 month (practitioner) Please pass this form to your Payroll Team/Practitioner Services for completion of Section 2.

Note: Under current legislation SPPA has three months in which to issue your CETV from the date we receive this form.

The McCloud judgement – 2015 Remedy

The UK government has now set out its approach to remedying the age discrimination found in the 2015 pension reforms.

Members eligible for the 2015 Remedy will remain in, or be returned to, their legacy schemes for service between 1 April 2015 and 31 March 2022. Eligible pensioners, who are in receipt of a pension will be given a choice as to which scheme benefits they wish to receive for service during the remedy period and their pension will be amended based on the choice they make.

The 2015 Remedy will be implemented on 1 October 2023 so members who retire before this date will receive a pension based on their current entitlement. This will be revised once the 2015 Remedy is implemented and eligible pensioners have made their choice. Any extra pension and/or tax free lump sum due once pensioners decide on their choice, will be backdated to their retirement date.

It is important for the recipient of this CETV to note that the value given may change in future.

Further information on 2015 Remedy can be found on our website at www.pensions.gov.scot/2015-remedy

PART 2 – TO BE COMPLETED BY THE EMPLOYER**EMPLOYEE DETAILS – Please complete this section to confirm applicants identity**Superannuation Number Surname Forename(s) Date of birth / / Date of separation / /

Is your case to proceed under Scots law or English law? (please tick)

Scots law

English law

Please provide the following information **If Scots Law:**

Actual Earnings between 1 April or start date up to Date of Separation

Number of Days worked between 1 April or start date up to Date of Separation

Wholetime equivalent days if Part Time between 1 April or start date up to Date of Separation

Do the qualify for MHO/Special Class (if NHS)

If English Law :

Date form submitted to the SPPA

		/			/				
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Actual Earnings between 1 April or start date up to Date

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Number of Days worked between 1 April or start date up to Date form submitted to SPPA

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Wholetime equivalent days if Part Time between 1 April or start date up to Date form submitted to SPPA

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Do the qualify for MHO/Special Class (if NHS)

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Employer declaration

To the best of my knowledge all information given in this form is correct and signed and dated by the member

Signature

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Official designation

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Name (in BLOCK LETTERS please)

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Employing authority

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Address

Post Code

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Telephone No

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Email address

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Date

		/			/				
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Please return the completed application form to:**Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**Email:** psod@gov.scot

SPPA

Scottish Public
Pensions Agency
Buidheann Peinneanan
Poblach na h-Alba

