

RST & DC Benefits: Options form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name of Scheme |  | | | | | |
| Type of request | Retirement quote / Death in service claim | | | | | |
|  | Member details | | | | | Spouse/Partner details |
| Title (e.g. Mr, Mrs, Dr) |  | | | | |  |
| Surname |  | | | | |  |
| First name |  | | | | |  |
| Date of birth |  | | | | |  |
| Gender |  | | | | |  |
| Address (including postcode) |  | | | | | |
| Telephone Number |  | | | | | |
| Email address |  | | | | | |
| Marital Status | Single / Married / Co-habiting / Divorced / Widowed / Civil Partnership | | | | | |
| Proof of age/marriage supplied? | | | Yes – Annuitant / Spouse / Marriage or No – HL to request | | | |
| A) Set benefits to be bought from 9(2b) Rights (RST benefits) | | | | | | |
| Member reference | |  | | | | |
| Annuity type | | Lifetime Annuity or Scheme Pension | | | | |
| Annuity start date required? | | Yes: DD-MM-YY or No: Immediate | | | | |
| Fund value needed to purchase required scheme benefits | | | | | £ | |
| HL costing tool reference:HLRE -  Or, if not available online: please specify income that must be bought on separate [costing template](http://corporate.hl.co.uk/__data/assets/pdf_file/0011/7196960/Pension-Costing-Request.pdf). | | | | | | |
| B) Excess benefits (If fund value exceeds purchase price for benefits bought by 9(2b) rights) | | | | | | |
| Annuity type | | | | Lifetime Annuity or Scheme Pension | | |
| Annuity start date required? | | | | Yes: DD-MM-YY or No: Immediate | | |
| Value of excess benefits before PCLS deducted | | | | £ | | |
| PCLS (to be deducted from excess) | | | | £ | | |
| C) Transfer value (i.e. total value of A and B) – Transfer to an Immediate Vesting Personal Pension (current scheme rules will not apply once transferred) | | | | | | |
| Transfer value of fund | | | | £ | | |
| Other pensions for consolidation – Transfer to an Immediate Vesting Personal Pension (current scheme rules will not apply once transferred) | | | | | | |
| Full name of scheme | | | |  | | |
| Member reference | | | |  | | |
| Type of scheme | | | |  | | |
| Transfer value of fund | | | | £ | | |
| Notes (Please provide any notes, special instructions or important information) | | | | | | |
| Notes: | | | | | | |
| Completed by: | | | | Date: | | |
| Once fully completed, please email this form to [Retirementservice@hl.co.uk](mailto:Retirementservice@hl.co.uk) | | | | | | |