

Cash equivalent transfer value (CETV) extension application form

Applications should be made by pension scheme trustees or those authorised to act on the trustees behalf, where they have identified that a valid CETV request will not be complete within the statutory timescales and one of the six grounds for requesting an extension to the period for compliance has been identified.

Evidence in support of your application must be provided. All fields are mandatory and we may reject your application if it is not completed in full.

This form can be:

- completed electronically using Adobe Reader (version 8 and above) and emailed to regulatorytransactions@tpr.gov.uk; or
- printed, completed by hand (please use block capitals) and posted to Regulatory Transactions, The Pensions Regulator, Telecom House, 125-135 Preston Road, Brighton BN1 6AF.

Scheme details

PSR number (or PSTR number if not available)

Scheme name

Status of scheme

Membership breakdown: active deferred pensioner

Total

Total value of scheme assets

Amount of the member's CETV

**The Pensions
Regulator**

Application details

Does the member's CETV request relate to safeguarded (defined benefit) or flexible (defined contribution) benefits?

Safeguarded

Flexible

Please tick both boxes for requests relating to both benefit types.

Date CETV should be paid

The end of the period during which you are obliged to make payment of the transfer value if you did not have an extension, ie within six months of the guarantee date shown in the statement of entitlement for safeguarded benefits, or within six months of the date of the member's CETV request for flexible benefits.

To what date do you require an extension?

Why do you believe this is a reasonable period to allow you to make a decision in relation to the member's request? (For example, to obtain the outstanding information and make a decision in relation to the CETV)

The Pensions Regulator may allow an extension to the time period on one or more of the grounds set out in regulation 13 of The Occupational Pension Schemes (Transfer Values) Regulations 1996 (SI 1996/1847). Please select the option(s) that apply.

The scheme is being wound up or is about to be wound up

The scheme is ceasing to be a contracted-out scheme

The interests of the members of the scheme generally will be prejudiced if the trustees do what is needed to carry out what is required within that period

The member has not taken all such steps as the trustees can reasonably expect in order to satisfy them of any matter which falls to be established before they can properly carry out what the member requires

The trustees have not been provided with such information as they reasonably require properly to carry out what the member requires

The member's cash equivalent has been reduced or increased under regulation 9 of SI 1996/1847 or the member has disputed the amount of the cash equivalent

What date did you receive a request for the statement of entitlement?

What date did you calculate the payment to which the member is entitled?

What date did you send the statement of entitlement?

Has the member asked you to make payment?

Yes No

If yes, what date did you receive this request?

Please attach a copy of the member's request for payment

Member's full name

Member's address

Please make sure this is up to date

Member's telephone number

Member's email address

Supporting evidence and submission

Please set out the circumstances surrounding your request for an extension, providing evidence to support the grounds of your application. If you are making an application on the grounds that you are waiting for information from either the member or third party then please outline:

1. What evidence you have requested?
2. Whether you have received any of the information requested or any response from the member/third party?
3. The steps you've taken to obtain the information (ie how frequently you have chased for the outstanding information).

Please provide evidence to support steps 1-3 above.

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Additional data can be sent electronically (eg Word document) or as printed material which includes your scheme details.

Please detail the supporting documents you have included with your application.
This field is compulsory.

Receiving scheme details

PSR number

Scheme name and address

Trustee/scheme manager contact email address

Trustee/scheme manager contact telephone number

Applicant details

Full name

Name of organisation
If applicable

Contact address

Telephone number

Email address

Completion of this box indicates you are willing to accept legal notices electronically.
If you do not consent, please put N/A.

Your main role in relation to the scheme

If you are not the trustee of the scheme, please confirm by ticking this box that you are acting on behalf of the trustees, attaching evidence to support this.

Confirmation of your application

I declare that:

I have answered all questions fully and accurately to the best of my knowledge and belief

I will notify The Pensions Regulator promptly of any changes in the information provided

I give consent to The Pensions Regulator to make any investigations it considers appropriate

I have the required authority to complete this form

I have attached evidence in support of my application

I have attached a copy of the member's request for payment

I will advise The Pensions Regulator if the extension request is no longer required

The member has made a valid request for payment within the statutory timeframes and I have complied with s48 of the Pension Schemes Act 2015, or s48 of the Act is not applicable.

Signature if form is printed

Submitting this form by email is the equivalent of providing your signature.

Date