

Request for further information about Scheme Pays

TO BE COMPLETED BY THE MEMBER

Please return forms by email to info@eapf.org.uk

Or by post to EAPF Pensions Team, Capita, Unit 11b, Lingfield Point, Darlington, DL1 1AX

Part A - Personal Details

Title:	<input type="text" value="Mr / Miss / Mrs / Ms / Mx / Dr (delete as applicable) / other _____"/>		
Surname:	<input type="text"/>	Forenames (in full):	<input type="text"/>
Date of Birth:	<input type="text"/>	NI Number:	<input type="text"/>
Address:	<input type="text"/>		
Post Code:	<input type="text"/>		

Part B - Estimated Annual Allowance Tax Charge Details

Please complete the details below to allow the scheme administrator to assess eligibility for Scheme Pays:

Estimated Annual Allowance tax charge*:

Tax year relevant to the Annual Allowance tax charge stated above:

Do you expect to be subject to the Tapered Annual Allowance for the tax year stated above?

Within the tax year that applies to the Annual Allowance tax charge as stated herein do you expect to:

- retire from this scheme within the tax year that applies to the Annual Allowance charge as stated above? If YES the date:

DATE:

OR

- reach age 75 without having taken all of your benefits from the scheme? If YES then please include the date:

* This is the tax payable on the amount by which you have exceeded the Annual Allowance, having taken into account any unused Annual Allowance which you are allowed to carry forward from the three previous tax years. HMRC guidance on how to calculate the charge can be found at <https://www.gov.uk/hmrc-internal-manuals/pensions-tax-manual/ptm056110>.

Part C - Member declaration

Please send me further information about the Scheme Pays option.

I understand this is not an election for Scheme Pays and further forms will need to be completed if I am eligible and intend to proceed with the Scheme Pays option.

Signed:

Date:

If you intend to send this form electronically then please confirm the following statement:

In line with the legislative requirements for electronic disclosure,
I confirm that I have personally submitted this notice:

YES / NO

The information provided will be processed by Capita for purposes only associated with Environment Agency Pension Fund and will be used in accordance with its policies and the Local Government Pension Scheme Regulations and the applicable data protection legislation.