Teachers' Pensions

Mowden Hall
Darlington DL3 9EE

Pensions on Divorce and Dissolution

Request for Cash Equivalent Transfer Value (CETV)

Date of receipt

PART A - To be completed by the applicant in all cases

1 Teacher's reference number

RP / /

2 Surname (one character to each box) O ' R E I L L Y

3 Former Surname (if any)

4 First Name (s)

5 Title

Mr Mrs Miss Ms Other

If other, please specify

6 Date of Birth (e.g. 15/04/75)

(Please provide a certified copy of birth certificate or passport)

7 National Insurance number

8 Contact address

Postcode —

9 Home telephone number (including STD code)

10 Mobile telephone number

11 E-mail address

12 Last date of pensionable teaching employment. (if member has left service)

AFTER COMPLETING THESE DETAILS PASS THE FORM TO YOUR EMPLOYER WHO WILL COMPLETE PART B.

EXCEPTION - IF YOU LEFT EMPLOYMENT MORE THAN 1 YEAR AGO PLEASE RETURN THIS FORM DIRECT TO: TEACHERS' PENSIONS, P.O. BOX 158, DARLINGTON, DL3 9WD

Signature

Date

Data Protection Act 1998

The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme for the purpose of administering and operating the scheme and paying benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The Department may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public funds, the Department for Education may use information it holds to prevent and detect fraud. The Department may also share such information, for the same purpose, with other organisations that handle public funds.

PART B - To be completed by the employer and returned without delay

1 Establishment number | | | | / | | | | | **2 Date of Birth** | | | | | | | **Verified?** Yes | | No | |

e.g. 8 7 1 / 6 0 0 0

To prevent delays in processing, service and salary details should be provided in the table below. **Please include details for the previous financial year and the current year up to the last day of pensionable employment.** No lines of service details should span 31 March. For members who are in concurrent service in addition to recording the service below please also provide a breakdown of this service on a separate sheet.

When a **part-time salary** entry is made below, **the amount of salary actually paid** to the teacher should be entered and a new line used when a change in the full-time annual rate occurs. An entry should also be made in the special classes column for part-time members.

Salary Scale			Full (F) or Part-time (P)	Start Date						End Date						Full-time annual salary rate (including Pensionable Allowance) £	Actual part-time salary paid £	Days excluded	Enter S if salary is safe-guarded	Allowances					
				day		month		year		day		month		year						London Additions (I, A, O or F)	Social Priority (1, 2, 3 or 4)	Special classes (7 or 8)	Other allowances £	Supp field	School No or Employment code

Certificate

The certificate must be signed by a responsible officer of the **Local Authority** in respect of all maintained schools including both foundation and voluntary aided schools. In the case of other institutions, the certificate must be signed by a responsible officer or chairperson of the governing body. This cannot be a member of the teaching staff.

Signed

Name of officer(in CAPITAL letters)

Position

Telephone number

Extension

Name of contact for admin purposes (In CAPITAL letters)

Date

Telephone number (include STD code)

Extension

Fax Number

Email address

You should now submit this form to
Teachers' Pensions • P.O Box 158 • Darlington • DL3 9WD

Official stamp (LA only). If non-LA establishment, please give address and post code.