Retirement Solutions

Independent Schools' Pension Scheme

Internal Transfer Between Employers

Defined Benefit

MEMBERS ARE REQUIRED TO SIGN AND COMPLETE SECTIONS 1 AND 2 AND RETURN THE FORM TO THEIR EMPLOYER. EMPLOYERS SHOULD COMPLETE SECTIONS 3 AND 4 AND RETURN THE FORM TO TPT RETIREMENT SOLUTIONS.

1. Your details

This form should be completed if:

1. the break between employments is not more than 30 days; and

2. you are remaining a member of one of the defined benefit (DB) options. **Please note**: The internal transfer option does not apply if your new employer is enrolling you into the ISPS defined contribution (DC) option.

If not, your previous membership will be deferred and you should complete the relevant (DB or DC) ISPS Employee Application Form to start a new membership.

If both 1 and 2 apply but your pensionable earnings have reduced on changing employment you may elect to join as a new member and defer the benefits from your previous employment. If so, you should complete an ISPS Employee Application Form. If this applies to you and you wish to discuss this please contact TPT on **0113 394 2552**.

Full Name:.....

Membership Number: M.....

Address:.....

..... Postcode:.....

Telephone Number:.....

Email:.....

My previous employer was:..... and when I left on ....

I was a contributing member of the Independent Schools' Pension Scheme (ISPS).

I wish to continue membership of ISPS with my new employer (named in Section 3 overleaf), and I confirm that I have read the accompanying notes on page 2. If the required documentation is not signed and returned to TPT within six weeks the internal transfer will be cancelled and a new Employee Application Form will be required in order for contributions to continue to be paid.

*Personal data which is held will be processed in line with data protection laws. For more information see **www.tpt.co.uk/privacy-policy**. The Data Controller is TPT Retirement Solutions Ltd.*

2. Member's signature

Signed:..... Date:..... ....

Full Name:.....

Notes on the completion of your Internal Transfer Between Employers Form

If you move from one participating ISPS (the Scheme) employer to another and rejoin the Scheme within 30 days, then you have the option of unbroken membership of the Scheme. Alternatively, you may choose to re-enrol under a new Membership Number, for instance, if your new salary is lower and would reduce the value of benefits you have already built up.

If the break in membership exceeds 30 days, you must complete a new ISPS Employee Application Form instead of an Internal Transfer Between Employers Form.

This is a complex area and you may find it helpful to discuss this with TPT call the Helpline on **0113 394 2552**.

It is important that the details advised by your employer are correct in all respects, as these are the basis on which all future benefits and contributions will be calculated. In addition, TPT must comply with certain legislative requirements. Therefore, please check the details on the enclosed Internal Transfer Between Employers Form. If the details are incorrect, please make the necessary amendments, initialling any alterations. Please sign the completed form and return to TPT at the address below as soon as possible to enable us to finalise your internal transfer.

Please note you may not be covered for any death-in-service benefits (please check with your employer for further details regarding this benefit) until we have received your signed Internal Transfer Between Employers Form.

If the required documentation is not signed and returned to TPT within six weeks the internal transfer will be cancelled and a new Employee Application Form will be required in order for contributions to continue to be paid.

Confirmation of receipt of your completed internal transfer will be sent to both you and your employer.

3. Employer details

Name of Organisation:.....

Employer Reference Number: E.....

I certify that the person named in Section 1 started work with this organisation on..... .... on a pensionable salary of £.....

and is a: full-time employee ☐ part-time employee ☐

If part-time, please state contractual hours per week.....hrs and standard full-time equivalent hours per week.....hrs.

I confirm that the employee is joining the benefit structure operated by our organisation as indicated below. Please tick one box only:

Final Salary 1/60th Structure ☐ CARE 1/80th Structure ☐

Final Salary 1/80th Structure ☐ CARE 1/120th Structure ☐

Employer Future Service Contribution Rate:..... %

Employee Future Service Contribution Rate:..... %

4. Employer's signature

I certify that the applicant is an employee of our organisation and I agree to ensure that contributions are paid to TPT on behalf of this employee. I understand contributions must be received by TPT within legal time limits and must not be deducted before I receive confirmation that the internal transfer has been processed.

Signed:..... Date:.....

Full Name:.....

Position:.....