

PENSION SHARING ON DIVORCE CASH EQUIVALENT TRANSFER VALUE (CETV) APPLICATION

Please tick appropriate box

NHS

Teachers

Fire Fighters

SECTION 1 - PERSONAL DETAILS

Superannuation Number (if available)

Surname

Former surname (if applicable)

Forenames (in full)

Title

Mr Dr Ms Mrs Miss

If other, please specify

Date of birth (e.g. 15 04 1973)

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National Insurance number

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Contact address

Postcode

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Home telephone number (including STD code)

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Mobile telephone number

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Email address

Male

Female

Job title/rank

SECTION 2 – CETV details

Date of marriage or civil partnership
(dd mm yyyy)

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Date of separation (dd mm yyyy)

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CETV is required for (please tick)

A divorce

Dissolution of civil partnership

Spouses gender (please tick)

Male

Female

Is your case to proceed under Scots law or English law? (please tick)

Scots law

English law

Note: Under current legislation SPPA has three months in which to issue your CETV from the date we receive this form. Please put any other relevant information (eg: Solicitors name and address) which you may help us below.

Signed

Date

Please return the completed form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

Please use this space to record any other relevant information: