



# Change of details and retirement application form – deferred members

If you've left the scheme and have an unclaimed Civil Service pension, you can use this form to update your personal and address details, or claim your pension.

If you're currently receiving a Civil Service pension, please use the 'Change of details form –pensioners'.

If you're still contributing to your Civil Service pension, you can update your personal details via your employer.

Please complete this form in black ink and in BLOCK CAPITALS and return it to:

**Civil Service Pensions, Capita Pension Solutions, PO Box 713, Darlington, DL1 9JZ.**

You can complete the form digitally and return via your secure Member Portal, using the Contact Us function and upload this document as an attachment.

## Guidance notes

You must complete all relevant sections AND return the **full** form.

You must sign your form with a 'wet' signature and date it.

If you are changing your name you must supply an original copy of the relevant certificate to support your change of name.

You must supply an original certificate to support your change of marital status (for example a marriage, civil partnership, divorce, or dissolution certificate).

If you would like your pension to be paid into a bank account outside the UK, you will need to complete an overseas mandate form. See the 'Member Forms' page of our website [www.civilservicepensionscheme.org.uk/privacy](http://www.civilservicepensionscheme.org.uk/privacy)

The scheme is committed to managing your data in line with the Data Protection Legislation. For more information about how your data is managed, please visit: [www.civilservicepensionscheme.org.uk/privacy-policy](http://www.civilservicepensionscheme.org.uk/privacy-policy)

- For information about repaying an overpayment please refer to the publication 'Managing public money', which can be found on: [www.gov.uk](http://www.gov.uk)

Please continue on Page 2.

## Your personal details

Your full name

Your date of birth (DD/MM/YYYY)

Your marital status

**Date you became widowed  
or divorced (if applicable)  
(DD/MM/YYYY)**

Your address

Postcode

Your telephone number

Your email address

Your National Insurance number

## Your employment history

Employer	From	To

Please continue on Page 3.

## Payment of pension

Please provide a copy of the deferred statement of benefits you received when you left the scheme. If this statement is no longer in your possession, please tick the box below.

**I no longer have a copy of the deferred statement of my benefits**

**I wish to claim my pension  
on the following date.**

**On the date above, my age will be:**

You can claim your pension from your scheme's Normal Pension Age (NPA).

Scheme	NPA
alpha	State pension age or age 65 (whichever is higher).
classic/classic plus/premium*	60
nuvos	65

\*This applies to most classic, classic plus and premium members, but some individuals may have a Personalised Pension Age (which is not age 60).

You can take your pension before Normal Pension Age (NPA) but it will be reduced for early payment. The earliest age you can take your pension is shown below.

Scheme	Minimum pension age
alpha	55
Members who joined classic/classic plus/ premium <b>before</b> 6 April 2006	50
Members who joined classic/classic plus/ premium <b>on or after</b> 6 April 2006	55
nuvos	55

Please continue on Page 4.

## Change of address

**Your previous address**

**Your previous postcode**

**Your new home address**

**Your new postcode**

**Date of change**

## Change of name

**Your previous name**

**Your new name**

**Date of change**

You must supply an original copy of the relevant certificate to support your change of name.

## Update your marital status

You must supply an original copy of the relevant certificate to support your change of marital status (for example a marriage, civil partnership, divorce or dissolution certificate).

**New marital status**

**Date of change**

Please continue on Page 5.

## Your declaration

I confirm that to the best of my knowledge I am eligible to claim the benefits requested, and the details I have provided are correct.

If it is found that I am not eligible for the benefits claimed, I will repay any monies in full as per the current guidance on claiming overpayments (see point 8 in the Guidance notes section below).

**Your signature**

**Date**