

**Transitional Tax-Free Amount Certificate Application Form**

Application in respect of a deceased scheme member

<b>Deceased member's name</b>	<input type="text"/>
<b>National Insurance number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Date of death</b>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Address</b>	<input type="text"/> <input type="text"/>
<b>Legal personal representative's name</b>	<input type="text"/>
<b>Legal personal representative's address</b>	<input type="text"/> <input type="text"/>

**Declaration**

1. I wish to apply to Civil Service Pensions for a Transitional Tax-Free Amount Certificate in respect of the above-named, deceased member.
2. I have read the Transitional Tax-Free Amount Certificates Information Sheet and understand the information I must provide to the CSPS as part of my application.
3. I certify that the evidence I have submitted with this form constitutes 'complete evidence' of all of the above member's benefit crystallisation events and tax-free lump sums received between 6 April 2006 and 5 April 2024, and agree to Civil Service Pensions taking this evidence at face value.
4. To the best of my knowledge the above-named member did not have a Relevant Benefit Crystallisation Event at any time after 6 April 2024.
5. I understand there is a 90-day timescale for providing a response to my application.
6. If there are any errors in the evidence I have provided, it will change the figures detailed in the Transitional Tax-Free Amount Certificate and the certificate becomes invalid<sup>1</sup>. I undertake to notify Civil Service Pensions if I become aware of any errors in this evidence or information which has not been taken into account when producing the certificate.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please return your completed form to: **Civil Service Pensions, PO Box 2017, Liverpool, L69 2BU.**

<sup>1</sup>This includes any changes to the member's benefits under the Remedy exercise.