

Insolvency: application for payment of pension scheme contributions

Note: where boxes appear that give you a choice of answer, please tick the one that applies.
How we handle personal information is outlined in our [Privacy Notice](#).

Part 1 – to be completed by someone competent to act in respect of the pension scheme (Trustee or Scheme Administrator)

1. Name and type of scheme

2. Name and address of insolvent employer

3. Date of insolvency

5. Please give details below of unpaid contributions in the 12 months ending with the day before the date of insolvency (use further pages or copies as continuation sheets if necessary)

4. Is an agreed amount paid by the employer in respect of each member employee?

YES Please give details on each line below
Record the employer’s unpaid contributions. If appropriate, state total outstanding and indicate to which employees this relates

NO

Name of employee	NI Number (or other identity reference)	Employee’s contributions				Employer’s share/contributions					
		Period of debt		Amount		Period of debt		Amount			
		From	To	£	P	From	To	£	P		
Total						Total					

Name of employee	NI Number (or other identity reference)	Employee's contributions				Employer's share/contributions			
		Period of debt		Amount		Period of debt		Amount	
		From	To	£	P	From	To	£	P

6. How many continuation sheets are attached?

Total (this page)	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Total (this page)	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Totals from: page 1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Totals from: page 1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Continuation sheets	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Continuation sheets	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Grand Total	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Grand Total	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Preferential amount	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Preferential amount	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

7. Are you claiming for payment of the employer's contributions to a salary related scheme?

YES → You must enclose an actuarial certificate (form RP16) with this form.

NO → An actuarial certificate is not required

8. Please give details of the bank account into which direct payment should be made. This should be the account of the pension scheme where applicable; or of the trustee, administrator, insurance company or other person competent to act.

Name of Bank <input type="text"/>	Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address <input type="text"/>	Account Number <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"/>
	Account Holder's Name <input type="text"/>

I declare that:

- The information given in this form is correct and complete to the best of my knowledge;
- Any money received by me as a result of this application will be paid into the resources of the scheme.

Signed

Address

Name

(CAPITALS please)

Title (trustee, administrator, etc)

Date

Please send this form to:

- The insolvent employer's representative, if there is one; or, if not, to:
- *Department for Employment & Learning, Redundancy Payments Service, Adelaide House, 39-49 Adelaide Street, BELFAST BT2 8FD*

Part 2 – to be completed by the employer's representative

1. Name of insolvent employer

3. What amounts of contributions appear to be unpaid on the date of insolvency?

▪ Employees'

£

▪ Employer's

£

4. For what amount of contributions do you accept entitlement?

- Employees' → This must be the amount deducted from wages paid in respect of the 12 months ending on the day before the date of insolvency.
- Employer's → I confirm that
 - 1. ▪ This amount is not greater than 10% of the employees' remuneration paid or payable for the 12 months ending with the day before the date of insolvency
 - 2. ▪ This amount is no more than that shown in the 3rd paragraph of the actuarial certificate, or
 - An actuarial certificate is not required as the scheme is not a salary related scheme
- Total

5. If the scheme was contracted-out of SERPS, how much of the above entitlement is:

- A preferential debt £
- A non preferential debt £

I declare that:

- The information given in this form is correct and complete to the best of my knowledge;
- I have examined the claim, including any continuation sheet(s) and actuarial certificate, in accordance with section 125 of the Pension Schemes Act 1993;
- I hold the applicant's signed agreement to the amounts of entitlement shown above;
- I have not notified this entitlement before.

Signed

Name
(CAPITALS please)

Date

Telephone

Address

Please send this form, any continuation sheets and actuarial certificate (if appropriate) to:
Department for Employment & Learning, Redundancy Payments Service, Adelaide House, 39-49 Adelaide Street, BELFAST BT2 8FD

For our use

Serial number

The application, including any continuation sheets and where appropriate the actuarial certificate, has been examined in accordance with current instructions.

Payment of £ to the Pension Scheme is approved.

Signed

Date