|  |  |
| --- | --- |
| **Application for payment of pension scheme contributions RP15** | |
|  | |
| **Part 1 to be completed by the administrator of the pension scheme**  This is a payment validation form for a pension scheme. Please use this form to validate a claim for missing pension contributions.  For information on pensions, we have [guidance](https://www.gov.uk/guidance/pension-claim-guidance-for-insolvency-practitioners) to help you on GOV.UK. | |
|  | |
| Name of scheme |  |
|  |  |
| Type of scheme  (if this is a defined benefit or hybrid scheme, an [actuarial certificate (RP16)](https://www.gov.uk/government/publications/redundancy-payments-form-rp16-redundancy-payments-actuarial-certificate) is required) |  |
|  |  |
| Scheme number |  |
|  |  |
| RPS case reference | CN |
|  |  |
| Employer name |  |
|  |  |
| Address of insolvent employer |  |
|  |  |
| Date of insolvency |  |
|  |  |
| Total number of employees on the [RP15A spreadsheet](https://www.gov.uk/government/publications/redundancy-payments-spreadsheet-for-pension-contribution-applications). |  |
|  |  |
| **Employees contributions** |  |
| Grand total |  |
| Preferential amount |  |
|  |  |
| **Employers contributions** |  |
| Grand total |  |
| Preferential amount |  |
|  |  |
| Have you made a claim in respect of this scheme previously?  (if yes, please give details) | Yes/No |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment details**  Please give the bank details of where the payment should be sent:   |  |  | | --- | --- | | **Account name:** |  | | **Sort code:** |  | | **Account number:** |  | | **Bank:** |  | | **Reference:** | [name of payee] | | |
|  | |
| **Declaration** |  |
| I declare that the information given in this form is correct and complete to the best of my knowledge. |  |
|  | |
| Signature |  |
|  |  |
| Date |  |
|  |  |
| Your name |  |
|  |  |
| Your email address |  |
| |  |  | | --- | --- | | In what capacity have you signed?  For example, trustee, administrator,  or person competent to act |  |     Email this form and the completed [RP15A spreadsheet](https://www.gov.uk/government/publications/redundancy-payments-spreadsheet-for-pension-contribution-applications) to the insolvency practitioner.  Use the subject line: [Employer name] [CN reference] RP15 and RP15A. | |

|  |  |
| --- | --- |
| **Part 2: to be completed by the insolvency practitioner**  This is a payment validation form for a pension scheme. Use this form to validate a claim for missing pension contributions. | |
|  |  |
| What amounts of contribution appear to be unpaid on the date of insolvency? | |
| Employees’ |  |
| Employer’s |  |
| For what contributions do you accept entitlement? | |
|  |  |
| **Employees’** |  |
|  |  |
| Preferential amount |  |
| Non-preferential amount |  |
| Employees’ total |  |
|  |  |
| **Employer’s** |  |
|  |  |
| Preferential amount |  |
| Non-preferential amount |  |
| Employer’s total |  |
|  |  |
| Grand total (employees’ and employer’s) |  |
|  |  |
| What is the total employees’ amount paid or payable for the 12 months ending on the day before the insolvency date? |  |
|  |  |
| Is the pension no more than 10% of this total? | Yes/No |
|  |  |
| Do the periods claimed for the pensions overlap a period already paid as arrears of pay by Insolvency Service? | Yes/No |
|  |  |
| Is an [actuarial certificate (RP16)](https://www.gov.uk/government/publications/redundancy-payments-form-rp16-redundancy-payments-actuarial-certificate) required for this pension claim?  (if Yes, attach a copy of the certificate) | Yes/No |
| If Yes, is the amount above more than that shown on the actuarial certificate? | Yes/No |
| **Declaration**  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 the [RP15A spreadsheet](https://www.gov.uk/government/publications/redundancy-payments-spreadsheet-for-pension-contribution-applications) and the [actuarial certificate (RP16)](https://www.gov.uk/government/publications/redundancy-payments-form-rp16-redundancy-payments-actuarial-certificate) if applicable, in accordance with section 125 of The Pension Schemes Act 1993 * I hold the applicant’s signed agreement to the amount of the entitlement shown above * I have not notified this entitlement before | |
|  | |
|  | |
|  |  |
| Signature |  |
|  |  |
| Date |  |
|  |  |
| Your name |  |
|  |  |
| Email address |  |
|  |  |
| Email this form, the completed [RP15A spreadsheet](https://www.gov.uk/government/publications/redundancy-payments-spreadsheet-for-pension-contribution-applications) and if applicable, the [actuarial certificate (RP16)](https://www.gov.uk/government/publications/redundancy-payments-form-rp16-redundancy-payments-actuarial-certificate) to the [RPS Pensions team.](mailto:RPS.Pensions@insolvency.gov.uk) | |

Use the subject line: [Employer name] [CN reference] RP15 and RP15A.