

# Withdrawal Form

## Defined Benefit and Defined Contribution

Name of organisation: \_\_\_\_\_

Employer Reference Number: E

### Personal details

Member's Name: \_\_\_\_\_

Membership Number: M

Date of leaving the Scheme: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Member's telephone number: \_\_\_\_\_

### Reason for leaving (please tick appropriate box)

**Note: If the member is opting out of the Scheme but remaining in employment please complete an 'Opt Out Withdrawal Form'.**

- Left employment (if leaver has less than two years' pensionable service and wishes to take a refund of contributions please attach the member's written request).
- Retirement (where possible, please provide form three months prior to withdrawal).
- Retirement on ill-health grounds.
- Death-in-service.
- Flexible retirement (member takes pension benefits but remains a current ongoing employee).

### Contribution details

Date on which final contributions will be paid: \_\_\_/\_\_\_/\_\_\_

Member's final contribution in month of leaving the Scheme\*: £ \_\_\_\_\_

Any optional contribution yet to be paid (e.g. AVCs, Augmentation): £ \_\_\_\_\_

**\* Do not deduct contributions from any payment in lieu of notice.**

# Social Housing Pension Scheme

## Guidance for calculating contracted-out earnings (COEs)

This figure should be taken from the form P11 or your computerised payroll system. **It is the member's earnings between the lower earnings limit and the upper accrual point.** In the year of leaving (if not a full tax year) the figures should be those up to the date of leaving.

### Contracted-out earnings

Member's COEs during the tax year of leaving: £ \_\_\_\_\_

Member's COEs in the preceding year (if unnotified): £ \_\_\_\_\_

## Salary details

Please verify the salary history over the three years preceding date of leaving. (This information is not necessary where a refund of contributions is required.)

Effective date	Basic salary	Pensionable fluctuating earnings
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____

Please complete on a separate sheet if necessary.

## Further information

Was the member ever employed on a part-time basis?  Yes  No

If yes, please provide a history of hours changes including dates of changes and the full-time equivalent hours.

Is the member joining another SOCIAL HOUSING PENSION SCHEME employer?

Not known  Yes  No

Signature of employer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

**When completed please return to the address below.**

**The information on this form will be treated in the strictest confidence. Personal data will be subject to the provisions of the Data Protection Act.**



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The Pensions Trust