



WITHDRAWAL FORM

GROWTH PLAN & ETHICAL FUND

Please fully complete all of the information below. Any information not provided may result in a delay in providing your employees with their benefits options.

Employer Details

Employer Name:

Employer Reference:

Member Details

Member's Full Name:

Membership Number:

Date of Birth:

NI Number:

Last Known Address:

Address Line 1	
Address Line 2	
Town/City	
County	
Postcode	
Telephone Number	

Date and Reason for Leaving

Date of Leaving:

Please select the reason from the list below and enter it in the box provided:

Reason No.

- 1) Left employment
- 2) Withdrawn from scheme but still employed
- 3) Retirement
- 4) Retirement on ill-health grounds
- 5) Death-in-service

