



Growth Plan Series 3

Withdrawal Form

Name of organisation: _____

Employer number: E

Personal details

Member's name: _____

Membership Number: M

Date of leaving: ___/___/___

Date of Birth: ___/___/___

Last known address: _____

Postcode: _____

Member's telephone number: _____

Reason for leaving (please tick appropriate box)

- 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)
- Withdrawn from plan but still employed
- Retirement (where possible, please provide form three months prior to withdrawal)
- Retirement on ill-health grounds
- Death-in-service

Contribution details

For each of the following, please state the amount and the month to which the amount relates. It is important that you detail each month separately. Please use an extra sheet if required.

Employer's contributions: Final month: £_____ month _____

 Previous month: £_____ month _____

Member's contributions: Final month: £_____ month _____

 Previous month: £_____ month _____

Any optional employee contribution yet to be paid (e.g. AVCs):

 Final month: £_____ month _____

 Previous month: £_____ month _____

Any optional employer contribution yet to be paid (e.g. Augmentation): £_____

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Salary details

Please verify the salary history over the three years preceding date of leaving.

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 full service history to include the number of hours worked each week, dates of any changes and the full-time equivalent hours.

Part-time hours per week	Full-time equivalent hours	Relevant dates	
		From:	To:
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___

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.

