

# Withdrawal Form

## Defined Benefit and Defined Contribution

Name of Organisation: \_\_\_\_\_

Employer Number: E

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### Personal Details

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

Membership Number: M

Date of Leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Last Known Address: \_\_\_\_\_

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

Member's Telephone Number: \_\_\_\_\_

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

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- Withdrawn from scheme but still employed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

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### Contribution Details

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

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

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

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

# CARE (Career Average Revalued Earnings)

Guidance for calculating contracted-out earnings (COEs) - defined benefit 80ths structure only

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 earnings limit.** 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

For death-in-service cases only, please verify the salary history over the three years preceding date of death.

Effective Date	Basic Salary	Pensionable Fluctuating Earnings
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____
___/___/___	£ _____	£ _____

Please complete on a separate sheet if necessary.

## Confirmation

**Signature of Employer:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Name:** \_\_\_\_\_

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

The completed form should be sent to **The CARE Scheme** at the address below. Any queries please call 0113 394 2553 or email [enquiries@thepensiontrust.org.uk](mailto:enquiries@thepensiontrust.org.uk)



The Pensions Trust

Verity House, 6 Canal Wharf, Leeds LS11 5BQ Tel: 0113 394 2553 Fax: 0113 234 5599  
Email: [enquiries@thepensiontrust.org.uk](mailto:enquiries@thepensiontrust.org.uk) or visit [www.thepensiontrust.org.uk](http://www.thepensiontrust.org.uk)