

# Withdrawal Form

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.
- Retirement (where possible, please provide form three months prior to withdrawal).
- Retirement on ill-health grounds.
- Death-in-service.
- Leaver requiring a refund of contributions (must have less than two years' pensionable service). Please attach the member's written request for a refund.

# Livability

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## 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.

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## 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.

Was the member employed overseas for more than 75% of their employment?  Yes  No

Is the member joining another PENSIONS TRUST employer?  Not known  Yes  No

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

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

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

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**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.**

