



Final Salary

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- Withdrawn from scheme but still employed (opt out form required).
- 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*: £ _____

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

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

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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 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

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 PENSIONS TRUST 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.



The Pensions Trust