



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).
- 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.

Christian Aid

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.

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:** ___/___/___

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