

**WITHDRAWAL FORM****FINAL SALARY & CARE**

Please fully complete all of the information below. Any information not provided may result in a delay in providing your employees with their benefits options.

**Employer Details**

Employer Name:

Employer Reference: 

E							
---	--	--	--	--	--	--	--

**Member Details**

Member's Full Name:

Membership Number: 

M							
---	--	--	--	--	--	--	--

Date of Birth: 

DD	MM	YYYY
----	----	------

NI Number: 

--	--	--	--	--	--	--	--	--	--

Last Known Address:

Address Line 1	
Address Line 2	
Town/City	
County	
Postcode	
Telephone Number	

**Date and Reason for Leaving**Date of Leaving: 

DD	MM	YYYY
----	----	------

Please select the reason from the list below and enter it in the box provided:

Reason No.	
------------	--

- 1) Left employment
- 2) Withdrawn from scheme but still employed
- 3) Retirement
- 4) Retirement on ill-health grounds
- 5) Death-in-service



