

## LEAVER'S FORM (UNDER 2 YEARS SERVICE)

### HOW TO COMPLETE THIS FORM

**Employer to complete and return to the Pension Funds' Office, 23 King Street, Watford, Herts WD18 0BJ to advise of member ceasing membership of the pension scheme.**

EMPLOYER \_\_\_\_\_

#### 1. BASIC DATA

Member's Surname		Home Address
First Names		
National Insurance Number		
Date Member Contributions Ceased		
Date of Leaving (if applicable)		

#### 2. SALARY DATA – SEE NOTES OVERLEAF

EFFECTIVE DATE	ANNUAL FULL-TIME EQUIVALENT PENSIONABLE SALARY	EFFECTIVE DATE	ANNUAL FULL-TIME EQUIVALENT PENSIONABLE SALARY

#### 3. MEMBER CONTRIBUTIONS DURING CURRENT TAX YEAR – SEE NOTES OVERLEAF

	DEDUCTED	NOTIONAL PAID UNDER SALARY SACRIFICE
Normal		
AVC Money Purchase		N/A

#### 4. HAS THE MEMBER EVER BEEN A PART-TIME MEMBER IF 'YES' SHOW PART-TIME HISTORY BELOW YES/NO

EFFECTIVE DATE	PART-TIME HOURS	EFFECTIVE DATE	PART-TIME HOURS



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us.  
 Press 'Tab' key to move between fields.  
 Compulsory fields are marked in red.

(MEMBER NAME: \_\_\_\_\_ )

**5. CONTRACTING OUT DATA**

Period of Contracted-Out Employment From  To

Please provide Member's Earnings between the Lower Earnings Level and Upper Earnings Level for all tax years of Scheme Membership

TAX YEAR	CONTRACTED-OUT EARNINGS

**6. REASON FOR CEASING SCHEME MEMBERSHIP - PLEASE INDICATE**

	REASON ✓
A – Opting out	
B – Death in Service	
C – Other	

Attach "Notice of Intention to Opt-Out" form

**6. AUTHORISED OFFICER**

Signed: ..... Name: .....  
 (In Block Capitals)

Designation: ..... Date: .....

**NOTES**

i) **SALARY DATA:**

The data should cover the full period of membership.

For those who are (or have been) part-time, their full-time equivalent salaries are to be shown.

ii) **PENSION CONTRIBUTIONS:**

In respect of the last pay period there should be **NO** pension contribution deducted from holiday pay, payments in lieu of notice or liquidated damages on leaving service.