



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.

DC SECTION LEAVER'S FORM

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. MEMBER CONTRIBUTIONS DURING CURRENT TAX YEAR

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.

	DEDUCTED	NOTIONAL PAID UNDER SALARY SACRIFICE
Normal		
Additional Contributions		N/A

3. 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

4. AUTHORISED OFFICER

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

Designation: **Date:**