



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. REASON FOR CEASING SCHEME MEMBERSHIP - PLEASE INDICATE

	REASON
<b>A</b> - Opting out	
<b>B</b> - Resignation	
<b>C</b> - Death in Service	
<b>D</b> - Retirement	
<b>E</b> - Other	

Attach "Notice of Intention to Opt-Out" form

### 3. AUTHORISED OFFICER

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

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