



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.

APPLICATION FOR IMMEDIATE PAYMENT OF AUGMENTED PENSION BEFORE NORMAL RETIREMENT DATE (MUTUAL AGREEMENT)
CLAUSE 19

HOW TO COMPLETE THIS FORM

Employer to complete and forward to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ.

COMPLETED ON BEHALF OF _____ (EMPLOYER)

MEMBER'S SURNAME AND INITIALS: _____ (BLOCK CAPITALS)

DATE OF BIRTH:

DATE OF WITHDRAWAL:

I certify that the above-named member **has a contractual obligation, that existed before 1 April 2006,** to retire with the agreement of the Employer and I undertake on behalf of the Employer to pay to the Trustees on demand the amount determined by the Actuary as the cost of immediate payment of retirement benefits as allowed under Clause 19 of the ITB Pension Funds Rules.

Name:

Designation: **Date :**