



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.

**APPLICATION FOR COMPULSORY RETIREMENT PENSION**  
**AND EMPLOYER'S CERTIFICATE**  
**(Rule 27.2 (formerly Rule 518.3))**

**HOW TO COMPLETE THIS FORM**

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

MEMBER'S SURNAME AND INITIALS: (BLOCK CAPITALS)

BOARD:

DATE OF BIRTH:

DATE OF WITHDRAWAL FROM SERVICE:

REASONS: (DELETE WHICHEVER IS INAPPLICABLE)

REDUNDANCY / IN THE INTERESTS OF THE EFFICIENCY OF THE SERVICE

I certify that the above-named is to retire as stated, in accordance **with contractual terms that existed before 1 April 2006 between the Member and the Employer** and 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 Rule 27.2 of the ITB Pension Funds Rules.

**Name:** .....

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