

Social Housing Pension Scheme

Withdrawal Form

Defined Benefit and Defined Contribution

Name of Organisation:

Employer Number: E

Personal details

Member's Name:

Membership Number: M

Date of leaving: Date of Birth:

Address:

Postcode:

Member's telephone number:

Reason for leaving (please tick appropriate box)

- Left employment.
- Withdrawn from scheme but still employed.
- Retirement (where possible, please provide form three months prior to withdrawal).
- Retirement on ill-health grounds.
- Death-in-service.
- Flexible retirement (member takes pension benefits but remains a current ongoing employee).

Contribution details

Date on which final contributions will be paid:

Member's final contribution in month of leaving the Scheme*: £

Any optional contribution yet to be paid (e.g. AVCs, Augmentation): £

*Do not deduct contributions from any payment in lieu of notice.

Guidance for calculating contracted-out earnings (COEs)

This figure should be taken from the form P11 or your computerised payroll system. It is the member’s earnings between the lower earnings limit and the upper accrual point. In the year of leaving (if not a full tax year) the figures should be those up to the date of leaving.

Contracted-out earnings

Member’s COEs during the tax year of leaving: £

Member’s COEs in the preceding year (if unnotified): £

Salary details

Please verify the salary history over the three years preceding date of leaving. (This information is not necessary where a refund of contributions is required).

Effective date	Basic salary	Pensionable fluctuating earnings
.....	£	£
.....	£	£
.....	£	£
.....	£	£
.....	£	£

Please complete on a separate sheet if necessary.

Further information

Was the member ever employed on a part-time basis? Yes No

If yes, please provide a history of hours changes including dates of changes and the full-time equivalent hours.

Part-time hours per week	Full-time equivalent hours	Relevant dates	
		From:	To:
.....
.....
.....
.....

Is the member joining another SOCIAL HOUSING PENSION SCHEME employer? Not Known Yes No

Signature of employer:..... Date:.....

Full Name:.....

Position:.....

When completed please return to the address below.

The information on this form will be treated in the strictest confidence. Personal data will be subject to the provisions of the Data Protection Act.