

# Withdrawal Form

## Defined Benefit and Defined Contribution

Name of Organisation: .....

Employer Number: **E** .....

### Member details

Surname: ..... Forename(s): .....

Membership Number: **M** .....

Date of leaving: ..... Date of Birth: .....

Address: .....

..... Postcode: .....

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Withdrawn from scheme but still employed.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
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Upon completion of this form, please submit online through [Contact TPT](#) or send to the postal address below. Any queries please call **0345 072 6780** or email [enquiries@tpt.org.uk](mailto:enquiries@tpt.org.uk).**

*Personal data which is held will be processed in line with data protection laws. For more information see [www.tpt.org.uk/privacy-policy](http://www.tpt.org.uk/privacy-policy). The Data Controller is TPT Retirement Solutions Ltd.*