

Scottish Housing Associations' Pension Scheme

# Internal Transfer Between Employers

**PLEASE COMPLETE THE MEMBER SECTION AND RETURN TO YOUR EMPLOYER.**

**Member details (to be completed by the member)**

If the break in membership exceeds 30 days, you must complete a new SHAPS Employee Application Form instead of an Internal Transfer Between Employers Form. Membership cannot be continuous where the break exceeds 30 days.

Member's Name: .....

Membership Number: M .....

Member's Address: .....

.....

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

Member's Telephone Number: .....

My previous employer was: .....

and when I left on ..... I was a contributing member of SHAPS.

I wish to continue membership of the Scheme with my new employer (named overleaf).

Signed: ..... Date: .....

**Employer details (to be completed by the new employer)**

Name of Organisation: .....

Employer Reference Number: E .....

I certify that the person named started work with this organisation on .....  
on a salary of £ ..... pa.

They will join the:     Final Salary 1/60th benefit option         CARE 1/60th benefit option  
                                  CARE 1/70th benefit option                                 CARE 1/80th benefit option  
                                  CARE 1/120th benefit option

and is a:                     full-time employee     part-time employee

If part-time please state hours worked per week ..... hrs and full-time equivalent hours  
per week ..... hrs.

Please tick the box if the employee is on overseas payroll

I also certify that we, as their employer, agree to our obligations under the Trust Deed and  
Rules and Scheme Document of the Scottish Housing Associations' Pension Scheme and any  
subsequent variation that may be made.

Signed: ..... Date: .....

Full Name: .....