

Notification of retirement/early leaver with immediate entitlement to benefits



Employer:

Member Details

Full name:

Mr

Mrs

Miss

Ms

Address:

Postcode:

Job title:

Payroll No:

Department:

NI No:

Date of Birth:

Date LGPS membership began in this post:

Reason for leaving:

Date of retirement:

Additional amount of pension to be awarded per annum (if applicable):

£

Please confirm the date the Employer agreed the retirement:

I CONFIRM THAT THE STRAIN COST WILL BE PAID IN ONE INSTALMENT: *please tick*

Important Information

Has the employee received an estimate of their benefits providing details of converting pension to additional lump sum options?

Yes

No

If YES, there is nothing further to attach

If NO, you must complete and attach an estimate request form.

WITHOUT AN ESTIMATE OF BENEFITS, THE MEMBER MAY LOSE THE RIGHT TO EXCHANGE PART OF THEIR PENSION FOR A BIGGER LUMP SUM AS THE MEMBER MUST ELECT TO DO THIS BEFORE THE BENEFITS ARE PAID

Is there an estimate form attached?

Yes

No

Employer Details

Completed by:

Signed:

Date:

Position:

Telephone Number:

Send completed form to: East Riding Pension Fund, PO Box 118, Council Offices, Church Street, Goole, East Riding of Yorkshire, DN14 5BG