

**RETIREMENT S5 / S10** Mar 24

###### ABOUT THIS FORM

* This form needs to be completed a minimum of **three months** prior to the date of the member’s retirement to ensure that pension benefits are paid promptly
* “ABOUT THE MEMBER” is to be completed by the **employer** / department in all cases
* Part 1 is to be completed by the **member**
* Part 2 is to be completed by the **employer** / department
* Part 3 is only to be completed by the **employer** / department where the member has non-CARE benefits
* Parts 4 and 5 are only to be completed by the **employer** / department where the member has non-CARE benefits and their final year’s pay is not the highest of their pays in the last 3 years
* **The form should only be returned to us by an employer**

###### ABOUT THE MEMBER

|  |  |
| --- | --- |
| Full name |  |

|  |  |
| --- | --- |
| National insurance number |  |

|  |  |  |
| --- | --- | --- |
| Unique pensions identifier number |

|  |
| --- |
|  |

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|  |  |
| --- | --- |
| Employer |  |

|  |  |
| --- | --- |
| Department/Service |  |

|  |  |
| --- | --- |
| Job title |  |

|  |  |
| --- | --- |
| Date of retirement |  |

|  |  |
| --- | --- |
| Has the member ever paid AVCs? | No/Yes |

|  |  |
| --- | --- |
| If the member is still paying AVCs, when will the last payment be forwarded to Prudential? |  |

|  |  |
| --- | --- |
| The member (please insert A, B or C)1. Will be fully retiring
2. Has been granted flexible retirement with full retirement benefits
3. Has been granted flexible retirement with full retirement benefits pre 1/4/2009 and partial benefits post 1/4/2009
 |  |

|  |  |
| --- | --- |
| If retirement is under (C) above, specify percentage(s)of 01/04/2009 to 31/03/2015 (final pay based) benefits andpost 31/03/2015 (usually CARE based) benefits separately | Final pay % CARE % |

|  |  |
| --- | --- |
| If flexibly retiring, (B) or (C) above, is the member staying in the LGPS? | Yes/No**N.B.** If “yes” please supply standard “new start” details |

**EMPLOYER DECLARATION / AUTHORISATION**

|  |  |
| --- | --- |
| If the member’s benefits are subject to an actuarial reduction / strain costs, do you want to pay any of the costs of this for the member?**N.B. “Yes” must have the authorisation of a senior official, advise whether you wish to waive the actuarial reduction or switch the rule of 85 on (see our** [**Briefing note on retirement from 55**](http://www.spfo.org.uk/CHttpHandler.ashx?id=42343&p=0)**) and detail the % being paid by employer** | Yes / No% employer paying |

|  |  |
| --- | --- |
| I confirm the above information andthe details in Parts 2 - 5to be complete and correct,signed (for the employer) |  |

|  |  |
| --- | --- |
| Designation |  |

|  |  |
| --- | --- |
| Dated |  |

|  |  |
| --- | --- |
| Who (name, email and tel no) should SPFO contact, if we have any questions about the information on this form? |  |

## PART 1: MEMBER’S DETAILS (to be completed by the member and returned to the employer)

Note: you will also need to complete the HMRC (and commutation election if you do not want the standard lump sum) forms that we will send you when we process your retirement.

|  |  |
| --- | --- |
| Home address, **email**& postcode |  |

|  |  |
| --- | --- |
| Home telephone no |  |

|  |  |
| --- | --- |
| Date of birth |  |

|  |  |
| --- | --- |
| Partnership status (married/ single / civil partner / cohabiting partner / divorced / widowed): |  |

|  |  |
| --- | --- |
| Date of marriage/ civil partnership/ cohabitation |  |

|  |  |
| --- | --- |
| Spouse’s / partner’s date of birth |  |

|  |  |
| --- | --- |
| Date of divorce/ partner’s date of death |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I have decided to take retirement benefits from the LGPS. I am aware that I could have transferred my LGPS rights to another pension scheme including one that offers flexible benefits. I understand that my pension will be paid by credit transfer on the 15th of each month in respect of the calendar month. I understand that the **account details provided must be in my name** or a joint account which bears my name I would like my pension and my lump sum to be paid into the following account:

|  |  |
| --- | --- |
| Name of bank or building society |  |

|  |  |
| --- | --- |
| Branch |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sorting code number.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

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|  |  |
| --- | --- |
| Account holder’s name |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account reference number |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building society account reference number (if applicable) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |
| --- | --- |
| Signature (do not print your name)  |  |

|  |  |
| --- | --- |
| Dated |  |

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**PART 2: MEMBER’S FINAL YEAR OF EMPLOYMENT**

**(to be completed by the employer in all cases)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  Final year of employment (from / to) |  |

**MEMBMEMBER’S PAY**NOTE: Please refer to [the LGPC Payroll Guide](http://www.lgpsregs.org/index.php/scotland/scot-hr-payroll-guides/lgps2015-payroll-guide) for calculation guidance

|  |  |  |
| --- | --- | --- |
| Actual unreduced pensionable pays whilst in Main LGPS | Scheme Year 23/24 | Scheme Year 24/25 |

|  |  |  |
| --- | --- | --- |
| Actual unreduced pensionable pays whilst in 50/50 | Scheme Year 23/24 | Scheme Year 24/25 |

 **IF APPIF APPLICABLE: MEMBER’S ASSUMED PENSIONABLE PAY (NON ILL HEALTH CASES)**

|  |  |  |
| --- | --- | --- |
| **Assumed pensionable pays****Note:** this should be an annual equivalent based on the last 12 week / 3 month period prior to the member going onto reduced / no pay, and if the member’s annual pay has not changed in the 3 months / 12 weeks prior to retirement should mirror the annual salary in the lowest row of column E of the Excel spread sheet in part 3 if the member has final pay benefits. It is what employers pay their contributions on, and some payroll systems may output this as “employer pensionable pay”. | Scheme Year 23/24 | Scheme Year 24/25 |

|  |  |  |
| --- | --- | --- |
| **Actual** assumed pensionable pays**Note:** these should be the assumed pensionablepays above **proportioned for period of reduced / no pay** | Scheme Year 23/24 | Scheme Year 24/25 |

Further information relating to CARE benefits (service after 31 March 2015)

|  |
| --- |
|  |

 **ADDITIONAL PENSION CONTRIBUTIONS**

|  |  |  |
| --- | --- | --- |
| Detail any APCs paid in the last 365 days  | Employer (£s)  | Member (£s) |

**Note: there is no need to complete the rest of this form for members who only have CARE** **benefits. A transfer in may mean a member joining after 31 March 2015 has final pay benefits.****Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW****or email it to** **spfo@glasgow.gov.uk****PART 3: MEMBER’S FINAL 365 DAYS OF EMPLOYMENT (to be provided / calculated by the employer in respect of benefits based on the member’s final pay)****Information to calculate final salary benefits**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

  |

|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

|  |  |
| --- | --- |
| Was the member’s pay in their final year lower than in either their penultimate or third last year of work?**If yes, please provide details in parts 4 / 5.** | Yes / No |

 |

###### MEMBER’S FINAL YEAR PENSIONABLE PAY

Double clicking on the table below will open an Excel spreadsheet, so that the member’s data can be entered to overwrite the example that is already embedded in the sheet.

An error message will appear in field D11 if periods totalling more than 366 days are entered.

Use a new row for each period the member had a different annual salary or rate of other regular payments.

Use field G9 for the total of any one-off payments received in the year.

|  |  |
| --- | --- |
| Detail any split of the total in G9 or of your entries in column F here: |  |

**PART 3 (CONT)**

**Do not** enter anything in columns A, D or G (except for in field G9) as these fields are calculated automatically.



**PART 4:** **MEMBER’S** **PENULTIMATE YEAR OF EMPLOYMENT**

**(only to be completed where the member has non-CARE benefits and the member’s pay is higher in this year than in the member’s final year of employment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

  |

|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

**PART 4 (CONT)**

|  |  |
| --- | --- |
| Re the Excel spreadsheet below, detail any split of the total in G9 or of your entries in column F here: |  |



**PART 5:** **MEMBER’S** **PAY IN THEIR THIRD LAST YEAR OF EMPLOYMENT**

**(only to be completed where the member has non-CARE benefits and the member’s pay is higher in this year than in the member’s final year of employment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

  |

|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

**PART 5 (CONT)**

|  |  |
| --- | --- |
| Re the Excel spreadsheet below, detail any split of the total in G9 or of your entries in column F here: |  |



**EMPLOYERS: Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW or email it to** **spfo@glasgow.gov.uk**