

**RETIREMENT: REDUNDANCY/EFFICIENCY RETIREMENT S12** Mar 2024

###### 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 is being retired on redundancy grounds/interests of the efficient exercise of the authority’s functions | state which it is in this box |

|  |  |
| --- | --- |
| This authority, at its discretion, has agreed to award additional service and understands that it will be responsible for paying the CAY lump sum direct to the member and for prepaying SPF for CAY pensions monthly | (state years/days) |

|  |  |
| --- | --- |
| Email address of the person to whom SPF should confirm the exact amounts of any CAY or strain costs |  |

**DETAILS OF NOTICE OR REDUNDANCY PAYMENTS MADE TO MEMBER**

|  |  |
| --- | --- |
| Amount of redundancy payment | £ |
| Payment in lieu of notice | £ |
| Number of weeks of notice for which above payment was made |  |
| Any other payments made (state type and amount)  |  |

## PART 1: MEMBER’S DETAILS Note to member: you will also need to complete a HMRC form and a commutation election form before we can 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 |  |

|  |  |
| --- | --- |
| Are you working in any other local government jobs? | Yes / No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

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

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

**MEMBMEMBER’S CARE PAY IN FINAL YEAR OF EMPLOYMENT**

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

 **I IF APPLICABLE: MEMBER’S ASSUMED PENSIONABLE PAY IN FINAL YEAR**

|  |  |  |
| --- | --- | --- |
| Assumed pensionable pays | Scheme Year 23/24 | Scheme Year 24/25 |

|  |  |  |
| --- | --- | --- |
| **Actual** assumed pensionable pays | Scheme Year 23/24 | Scheme Year 24/25 |

**ADDITIONAL PENSION CONTRIBUTIONS**

|  |  |  |
| --- | --- | --- |
| If any APCs are to be / were paid in the 365 days before retirement detail these amounts | Employer (£s)   | Member (£s) |

**PART 3: FINAL PAY INFO (only to be provided if any benefits are based on final pay but do not forget to complete the employer declaration / authorisation)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week on the day before retirement

|  |
| --- |
|  |

  Full-time hours per week on the day before retirement (if different)

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year in the 365 days before retirement

|  |
| --- |
|  |

  |

|  |  |
| --- | --- |
| Did the member change hours worked in the 365 days before retirement? | Yes / No |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence in the 365 days before retirement? | 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 |

 |

###### MEMBER’S PENSIONABLE FTE (NOT CARE) PAYS

See our final pay calculator to calculate figures below.

|  |  |
| --- | --- |
| Final 365 days FTE pay |  |

|  |  |
| --- | --- |
| Previous 365 days FTE pay if the pay above is not the highest in the employee’s final 3 years |  |

|  |  |
| --- | --- |
| Previous 365 days FTE pay if the pays above are not the highest in the employee’s final 3 years |  |

**EMPLOYER DECLARATION / AUTHORISATION**

|  |  |
| --- | --- |
| If there are strain on the Fund costs, we would like to pay  | Immediately / over 3 years / Over 5 years |

|  |  |
| --- | --- |
| I confirm the above information is 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? |  |

**Employers should return S12s to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW or email them to** **spfo@glasgow.gov.uk**