Dec 20

**EMPLOYER CONSENT TO EARLY PAYMENT OF DEFERRED BENEFITS**

This form should only be used by employers and must be signed by Head of Service or above.

**DETAILS OF THE MEMBER**

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

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

|  |
| --- |
|  |

 |

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

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

|  |  |
| --- | --- |
| Department |  |

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

**I confirm consent to the early release of the above named former employee’s deferred benefits in accordance with our policy on discretions.**

|  |  |
| --- | --- |
| Name |  |

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

|  |  |
| --- | --- |
| Tel. number |  |

|  |  |
| --- | --- |
| Email address |  |

|  |  |
| --- | --- |
| Signed  |  |

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

|  |  |
| --- | --- |
| Please use this email to confirm the strain costs: |  |

 **EMPLOYERS: Please return this form to** **spfo@glasgow.gov.uk**