

**TEACHER’S RETIREMENT FORM** TCOMP1997

Dec 20

The Teachers (Compensation for Premature Retirement and Redundancy) (Scotland)

Amendment Regulations 1997

**This form is for employer use only and should not be completed by a member.**

###### ABOUT THE TEACHER

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number |

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

 |

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Surname |  |

|  |  |
| --- | --- |
| Home address |  |

|  |  |
| --- | --- |
| Postcode |  |

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

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

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

|  |  |
| --- | --- |
| School |  |

|  |  |
| --- | --- |
| Superannuation number |  |

|  |  |
| --- | --- |
| Pensionable pay |  |

|  |  |
| --- | --- |
| Reckonable service (in days and years) |  |

|  |  |
| --- | --- |
| Additional period of service awarded (in days and years) under Regulation 5 |  |

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

**BENEFITS TO BE PAID BY STRATHCLYDE PENSION FUND OFFICE**

**(please note that payment of lump sums is now the responsibility of employers)**

|  |  |
| --- | --- |
| Pension: actuarial reduction component (as per SOPA) | £ |
| Pension: compensatory added years | £ |
| **Pension: total** | £ |

|  |  |
| --- | --- |
| Contingent spouse’s pension: actuarial reduction component (as per SOPA) | £ |
| Contingent spouse’s pension: compensatory added years | £ |
| **Contingent spouse’s pension: total** | £ |

**AUTHORISATION**

|  |  |
| --- | --- |
| I confirm the above information to be complete and correct,signed (employer official) |  |

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

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

|  |  |
| --- | --- |
| Telephone number for enquiries |  |

………………………………………………………………………………………………………..

**FOR SPFO USE ONLY**

Pension Ref

|  |
| --- |
|  |

Recharge code

|  |
| --- |
|  |

Date paid

|  |
| --- |
|  |

EMPLOYERS:

Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW.