

**SUPPLEMENTARY S20 INFORMATION FORM** Dec 20

This form should accompany all **Request for retirement calculation** forms provided to us if the member’s pay is protected by an S20 (Certificate of Protection).

###### MEMBER

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

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

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

**PENSIONABLE PAYS** up to and including the member’s **date of leaving**,for all years **including and after the date of reduction** in the member’s pensionable pay. **Note;**

* That the pay required is based on the 2009 scheme definition i.e. **Full time equivalent pensionable pay,** and
* Post April 2015 CARE pensionable pays are not required on this form, as these will have already been provided to SPF

|  |  |  |
| --- | --- | --- |
| **Pensionable pay (FTE) Pre April 2015 LGPS definition** | | |
| **Date of change** | **FTE pay** | **Annual rate of other regular payments** |
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**If the member was in receipt of variable pensionable payments, please also complete the table overleaf**

|  |  |  |
| --- | --- | --- |
| **Dates paid;**  **From to** | | **Total pensionable payment** |
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