

## TPT Retirement Solutions Withdrawal Form

Name of organisation:						
Employer Reference Number	er: E					
Personal details Member's name:						
Marsharship Number, M						
Date of leaving the Scheme: Date of birth:						
Address:						
Postcode:						
Member's telephone number	er:					
Reason for leaving (plea	se tick appropria	ate box)	·			
☐ Left employment.						
☐ Withdrawn from scheme	but still employed.					
☐ Retirement (where possi	ble, please provide t	form three months p	orior to withdrawal).			
☐ Retirement on ill-health a	grounds.					
☐ Death-in-service.						
Flexible retirement (mer	nber takes pension	benefits but remains	s a current ongoing employee).			
<b>Contribution details</b> For each of the following, pl relates. It is important that y if required.						
Employer's contributions:	Final month:	£	month			
	Previous month:	£	month			
Member's contributions:	Final month:	£	month			
	Previous month.	£	month			

Any optional emp	loyee contrib	ution yet to be p	aid (e.g. AVC	Cs):		
Final month:	£	month				
Previous month:	£	month				
<b>Salary details</b> Please verify the sa	alary history ov	ver the three year	rs preceding (	date of leaving.		
Effective date	Basic s	alary	Pensionable fluctuating earnings			
	£		£			
	£		£			
	£		£			
			£			
	£		£			
Further informa Was the member e If yes, please provietime equivalent ho	<b>ition</b> ever employed de a history of	l on a part-time b	_		the full-	
Part-time hours per week		Full-time equivalent hours		Relevant dates		
				From:	То:	
Signature of employer:			Dat	e:		
Full name:						
Position:						

When completed please return to the address below. The information on this form will be treated in the strictest confidence. Personal data will be subject to the provisions of the Data Protection Act.

