

## Scottish Housing Associations' Pension Scheme

## Withdrawal Form

## Defined Benefit for Final Salary and CARE

| Name of Organisation:  |   |  |  |  |
|--|---|--|--|--|
| Employer Reference Number: E   |   |  |  |  |
| Personal details Member's Name:  |   |  |  |  |
| Membership Number: M   |   |  |  |  |
| Date of leaving:   |   |  |  |  |
| Address:   |   |  |  |  |
|  |   |  |  |  |
| Postcode:  |   |  |  |  |
| Member's telephone number:   |   |  |  |  |
| Reason for leaving (please tick appro  | opriate box)                                |  |  |  |
| ☐ Withdrawn from scheme but still emplo  | yed (opt out form required)                 |  |  |  |
| ☐ Retirement (where possible, please provide form three months prior to withdrawal). |   |  |  |  |
| Retirement on ill-health grounds.  |   |  |  |  |
| ☐ Death-in-service.  |   |  |  |  |
| ☐ Flexible retirement (member takes pensemployee).                                   | sion benefits but remains a current ongoing |  |  |  |
| <b>Contribution details</b> Date on which final contributions will be pa             | aid:  |  |  |  |
| Member's final contribution in month of le   | aving*: <u>£</u>                            |  |  |  |
| Any optional contribution yet to be paid (e.g. AVCs): £                              |   |  |  |  |

\*Do not deduct contributions from any payment in lieu of notice.

| · ·  | history over the three ye<br>ssary where a refund of o   |                                  |                  | ng. (This        |  |
|--|--|----------------------------------|------------------|------------------|--|
| Effective date                             | Basic salary   | Pensionable fluctuating earnings |                  |                  |  |
|  | £  | £                                |                  |                  |  |
|  | £  | £                                |                  |                  |  |
|  | <u>F</u>   | £                                |                  |                  |  |
|  | £  | £                                |                  |                  |  |
|  | £  | £                                |                  |                  |  |
| Please complete on a se                    | eparate sheet if necessar                                | ~y.                              |                  |                  |  |
| Further information                        | 1  |                                  |                  |                  |  |
| Was the member ever                        | employed on a part-time                                  | e basis? 🔲 Ye                    | es No            |                  |  |
| If yes, please provide a equivalent hours. | history of hours changes                                 | including date                   | s of changes and | d the full-time  |  |
| Part-time hours per we                     | ek Full-time equivalent hours Relevant dates             |                                  |                  |                  |  |
|  |  |                                  | From:            | То:              |  |
|  |  |                                  |                  |                  |  |
|  |  |                                  |                  |                  |  |
|  |  |                                  |                  |                  |  |
|  |  |                                  |                  |                  |  |
| Is the member joining                      | another TPT Retirement                                   | Solutions emp                    | oloyer? 🗌 Not k  | (nown ☐ Yes ☐ No |  |
| Signature of employer:                     |  | Date:                            |                  |                  |  |
| Full Name:                                 |  |                                  |                  |                  |  |
| Position:                                  |  |                                  |                  |                  |  |
| When completed pleas                       | e return to the address b                                | pelow.                           |                  |                  |  |
|  | s form will be treated in t<br>as of the Data Protection |                                  | nfidence. Person | al data will be  |  |

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**Salary details**