LONDON BOROUGH OF SUTTON & ROYAL BOROUGH OF KINGSTON UPON THAMES SHARED PENSIONS SERVICE



NOTIFICATION OF EMPLOYEE LEAVING THE LOCAL GOVERNMENT PENSION SCHEME - LG3

Direct Line: 020 8770 5290 Email: skpensions@sutton.gov.uk

School / Employer						
First Name(s) (Mr/Mrs/Miss/Ms)						
Surname						
Marital Status (if known)						
Home Address						
Post Code						
Home/Mobile Telephone No.						
Date of Birth						
National Insurance No.						
Job title						
Date of leaving						
If part time at date of leaving please give the following information;						
No of hours paid/WT hours	1	No of weeks paid per year	s paid per year only) rement Retirement of the Service			
Reason for Leaving (Please tick one box only)						
Voluntary Resignation		Retirement				
Dismissal		III Health Retirement				
Death		Efficiency of the Service				
Redundancy		Flexible retirement				

End of 0	End of Contract New employer if known								
Other (Plea	se specify)								
Was the employee ever in the 50/50 Section of the LGPS?									
If so, please provide the dates the employee was in the 50/50 Section (providing a breakdown where the employee was in the 50/50 Section and the Main Scheme in the same financial year).									
Signed Date									
Job	Title			Con	tact No				
Please arrange for your payroll provider to complete these details as soon as possible.									
Payment of retirement benefits will be delayed until this form has been received.									
Please supply the full time equivalent (FTE) pay rates for the 12 months to date of leaving assuming the final year's pay is the highest. If the FTE pay in either of the two years before the last year is higher, please supply these rates of pay also. In the case of the death of a part time member please also supply the actual part time pensionable pay for the last year.									
Effective Date Basic Pay			London Weighting		Other (Please		Other (Please		
Lifective Date	Basic Pay		London Weighting		specify)		specify)		
	If part time at date	e of le	<u>l</u> eaving pleas	e give th	<u>l</u> e following in	formation	;		
No of hours pa	aid/WT hours		1	No of	f weeks paid	per year		1	
Tax Year			Assumed Pensionable Pay (notional maternity, long term sick)		Pension Contributions		Contracted-out earnings* (before 01.04.2016)		
			J						
*Between lower and upper earnings limit									
Signed Date									
Job Title	.			Contact	No				

Please scan in and return this form along with any supporting documentation by email to skpensions@sutton.gov.uk