

Pension Decisions Form



- Please complete this form after you have read the Leavers Factsheet
- Please note if you are employed in more than 1 job, this form refers to the job you have just left.
- PLEASE keep us informed of any future address changes.

About yourself: (please print clearly)

Title _____ Forename _____ Surname _____

Home Address _____

Post Code _____ Pay Ref _____

National Insurance Number _____ Date of Leaving _____

Please complete Section A, B, C, D or E

SECTION A - REFUND

I request a refund of my pension contributions and confirm that;

- I joined on or after 1 April 2004 and I have less than 3 months membership
- I joined before 1 April 2004 and I have less than 2 years membership in the LGPS
- I have not received a transfer in to the Scheme of previous pension benefits
- I would like my contributions refunded to me at the address above
- I understand that there will be a deduction for tax and National Insurance if I have more than 3 months service.
- I understand that by having a refund of contributions, the membership period covered by these payments will never again be recognised as part of the scheme.
- I confirm that I left the Local Government Pension Scheme more than 1 month and 1 day ago and I have not since re-entered the Scheme with any employer.

I understand that a false declaration will render this application null and void, and I shall be required to repay the Pension Fund any monies received illegally by me as a result of the application.

Signed _____ Dated _____

SECTION B – RETAINED CONTRIBUTION

I do not wish to receive a refund of my benefits at the present time and request that my contributions be retained in the Wiltshire Pension Fund until I notify you in writing of my decision.

Signed _____ Date _____

SECTION C – DEFERRED BENEFITS

I understand I will be awarded deferred benefits but may opt to transfer those benefits to another scheme at a later date.

Signed _____ Date _____

SECTION D - PENSION SERVICE LINKED

I have left one employment within the Wiltshire Pension Fund, but have continuing local government employment and I would like the service linked.

Signed _____ Date _____

SECTION E - TRANSFERS

New employment but not in the Wiltshire Pension Fund

If you wish to investigate a transfer of your accrued pension benefits to your new pension provider, please ask them to contact us to obtain your transfer information. Also, you should provide their name and address below, together with your signature, as this will give your authority for us to release information to them.

Name _____

Address _____

Signed _____ Dated _____

Please return this form to:
Pension Team, Wiltshire County Council, County Hall, Trowbridge, Wiltshire, BA14 8JN

If you need help completing this form, please contact us on **01225 713613**