



# Growth Plan Series 3

# Withdrawal Form

Name of organisation: \_\_\_\_\_

Employer number: E

## Personal details

Member's name: \_\_\_\_\_

Membership Number: M

Date of leaving: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Last known address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Member's telephone number: \_\_\_\_\_

## Reason for leaving (please tick appropriate box)

- Left employment
- Withdrawn from plan but still employed
- Retirement (where possible, please provide form three months prior to withdrawal)
- Retirement on ill-health grounds
- Death-in-service

## Contribution details

For each of the following, please state the amount and the month to which the amount relates. It is important that you detail each month separately. Please use an extra sheet if required.

Employer's contributions:      Final month:      £\_\_\_\_\_      month \_\_\_\_\_

   Previous month:      £\_\_\_\_\_      month \_\_\_\_\_

Member's contributions:      Final month:      £\_\_\_\_\_      month \_\_\_\_\_

   Previous month:      £\_\_\_\_\_      month \_\_\_\_\_

Any optional employee contribution yet to be paid (e.g. AVCs):

   Final month:      £\_\_\_\_\_      month \_\_\_\_\_

   Previous month:      £\_\_\_\_\_      month \_\_\_\_\_

Any optional employer contribution yet to be paid (e.g. Augmentation): £\_\_\_\_\_

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## Salary details

Please verify the salary history over the three years preceding date of leaving.

Effective date	Basic salary	Pensionable fluctuating earnings
___/___/___	£_____	£_____
___/___/___	£_____	£_____
___/___/___	£_____	£_____
___/___/___	£_____	£_____
___/___/___	£_____	£_____

Please complete on a separate sheet if necessary.

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## Further information

Was the member ever employed on a part-time basis?  Yes  No

If yes, please provide a full service history to include the number of hours worked each week, dates of any changes and the full-time equivalent hours.

Part-time hours per week	Full-time equivalent hours	Relevant dates	
		From:	To:
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___

**Signature of employer:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Full Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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**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.**

