**Termination Form**

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| **Personal Details** |
| Title: (Please 🗸) | Mr |  | Miss |  | Mrs |  | Ms |  | Other |  |
| Full Name: |  |
|  NI Number: |  | Date of Birth: |  |
|  Home Address: |  |
|  | Post Code: |  |
| Personal Email Address: (Essential) |  |
| Employing Authority: |  |
| Post Number / Description: |  | Employee Number: |  |

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| **Termination Details (PLEASE ‘🗸’ AS APPROPRIATE)** |
| Last Day of Employment: |  | Less than 2 Years membership? |  |
|  **Please indicate the Reason for Termination:** (\*Please attach parts II & III of the P45) |
| Normal Retirement from NPA\*: |  |  Flexible Retirement\*: |  |
| Voluntary Retirement aged 55 to 60\*: |  |  Voluntary Retirement aged 60 to NPA\*: |  |
| Severance / Redundancy / Efficiency Retirement\*: |  |  Ill Health Retirement\*: |  |
| Late Retirement after NPA to age 75\*: |  | Retirement upon attaining age 75\*: |  |
| **If a Voluntary Retirement aged 55 to 60, should the ‘85 Year Rule’ be applied (if applicable)?**  | **Y** |  | **N** |  |
| **If a Flexible Retirement, will any ‘actuarial strain cost’ be met by the employer?**  | **Y** |  | **N** |  |
| Death in Service\*(Attach copy of Death Certificate)**:** |  | Voluntary Resignation: |  |
| Opted Out(Attach copy of Opt Out Form)**:** |  | Dismissal: |  |
| Transfer to another LG Pension Fund (Please specify if known)**:** |  |
| Resignation after a period of maternity / adoption / parental leave(Please provide details of the leave period)**:** |  |
| Other (Please describe)**:**  |  |
| **Please attach the Ill Health Medical Certificate if retiring due to ill health.** |

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| **Pension Contributions** |
| **Paid in Current Year:** | **Paid in Previous Year:** |
| Rate (%) | Effective Date | Amount (£) | Rate (%) | Effective Date | Amount (£) |
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| Arrears of Pension Contributions still due from member: |  |

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| **Working Hours on Termination**  |
| Contractual Hours: |  | Term Time Weeks(If applicable)**:** |  |
|  If Casual, please list the total hours worked from 1 April to the date of termination: |  |

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| **Member’s Bank Details (ONLY COMPLETE IF THE MEMBER HAS LESS THAN 2 YEARS MEMBERSHIP)** |
| Name of Account Holder: |  |
|  Name of Bank / Building Society: |  |
|  Address of Bank / Building Society: |  |
|  | Post Code: |  |
| Bank Sort Code (6 Digits): |  |  |  |  |  |  |
| Bank Account Number (8 Digits): |  |  |  |  |  |  |  |  |
| Building Society Reference / Roll No.: |  |

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| **CARE Pensionable Pay (2014 Scheme) (PLEASE USE ASSUMED PENSIONABLE PAY (APP), IF APPLICABLE)** |
| Calculation Period: |  |
| **MAIN Section (or 50/50 Section):** | **Applicable Period:** | **Pensionable Pay: (£)** |
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|  |  |  |
| **Total:** |  |

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| **Final Pay (PR) Calculation (2008 Final Salary Scheme) (IF APPLICABLE)** |
| Pensionable Pay Calculation Period: |  |
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| **Full Time Pensionable Pay (PR) Calculation (PLEASE USE A SEPARATE SHEEY IF MORE SPACE IS NEEDED)** |
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| **Total:** |  |

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| **Declaration** |
| I confirm that the above information is correct to my knowledge, at the point of termination. |
| **Authorised by:** |  | **Date:** |  |
|  **Please Return to the: Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP** |

**Pensionable Pay Calculation Sheet (APP)**

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| **Pensionable Pay from 1 April to Date of Termination under 2014 Scheme.**  |
| **Notice Period (If applicable):** |  |
| **Period of Reduced / No Pay:** |  |
| **STEP 1** |  **APP Calculation:** (Please specify the ‘Months / Weeks’ used in calculation) |
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| **STEP 2** |  **Apply APP to calculation of Pensionable Pay from 1 April to Date of Termination:** |
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| **STEP 3** |  **APP Calculation for Ill Health Enhancement:** (If different) |
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| **Declaration** |
| **I confirm that the above information is correct to my knowledge, at the point of termination.** |
| **Authorised by:** |  | **Date:** |  |
|  **Please Return to the: Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP** |