

# Member Leaving Pensionable Service Form



## Personal member details

Title:

Surname:

First name(s):

Address:

Postcode:

National Insurance No.:

Date of birth:

## Leaving details

Employer:

Post title:

Reason for leaving:

e.g. Resignation, normal retirement, redundancy, dismissal – stating why dismissed, ill health retirement

Date of leaving the scheme:

Last day of employment:

New employer (if known):

## Pension details

Employee contribution rate:

**Employee pension contributions paid in:**

Current year (i.e. from 1<sup>st</sup> April to date of leaving):

Previous year (i.e. 1<sup>st</sup> April to 31<sup>st</sup> March in previous year):

## CARE pensionable pay

If the member has been in both the main and 50/50 section, you must separate the amounts for each. If you need additional space, please continue on a separate sheet.

**CARE pensionable pay for the last 2 years of membership (1<sup>st</sup> April to date of leaving):**

| Date from which relevant from | to                           | Main section or 50/50 section? | CARE scheme pensionable pay £ |
|-------------------------------|------------------------------|--------------------------------|-------------------------------|
| 1 <sup>st</sup> April _____   |                              |                                |                               |
| 1 <sup>st</sup> April _____   | 31 <sup>st</sup> March _____ |                                |                               |

Total for main section: £

Total for 50/50 section: £

### Details of pensionable earnings (full time equivalent pay for last 3 years)

At date of leaving this employee's contractual hours, weeks and FTE salary were:

Hours:

Weeks:

FTE: £

per

Please use this section to show final pay **up to date of leaving**:

|        | Date from | Date to | Annual FTE Salary | Additional hours / pay | Total |
|--------|-----------|---------|-------------------|------------------------|-------|
| Year 1 |           |         |                   |                        |       |
| Year 2 |           |         |                   |                        |       |
| Year 3 |           |         |                   |                        |       |

Is the member retiring on ill health grounds or a death in service?

Yes

No

If yes, confirm the annual rate of assumed pensionable pay (APP):

£

per annum

### Declaration

I certify that the earnings shown above are the highest years over the previous three years and that all the information provided is accurate to the best of my knowledge.

Signed:

Date:

Name:

Contact phone number:

Email address:

**Please return to:** Cornwall Pension Fund, 4<sup>th</sup> Floor South Wing, County Hall, Truro TR1 3AY  
or [pensions@cornwall.gov.uk](mailto:pensions@cornwall.gov.uk)