



This form is used by employers to notify us when a member is leaving, retiring, or has died. If you are notifying us of a retirement, please forward the p45 when available. Please note: Incomplete/inaccurately completed forms will not be processed. Employers must have a discretionary policy in place for employer consent and flexible retirements. Some types of retirement, such as flexible retirement, redundancy and employer consent may result in a pension strain payable by the employer. For retirements requiring employer consent, such as redundancy or flexible retirement you must also complete the [retirement certificate](#). This form should be returned to [pensions@buckinghamshire.gov.uk](mailto:pensions@buckinghamshire.gov.uk). For more information see the [Roles and Responsibilities document](#). If you have any questions about completing this form, please contact your Employer Liaison Officer (ELO) or email [employers@buckinghamshire.gov.uk](mailto:employers@buckinghamshire.gov.uk).

**Scheme member’s details**

Full Name

Address

Date of birth (DD/MM/YYYY)

National Insurance Number

Payroll number

Employer name

Last day of service/Last day of LGPS membership (DD/MM/YYYY)

**Reason for leaving the LGPS**

Please tick **one box only** and provide the additional information as required

- Leaver** – leaving employment, none of the other circumstances below apply
- Leaver with retirement** – for members who are leaving and have requested to retire/take their pension
- Opted out** – member has opted out of the LGPS, please supply a copy of the [opt-out form](#)
- Redundancy or business efficiency and aged 55 or over** – please supply a retirement certificate
- Flexible retirement** – please supply a retirement certificate
- Retirement with employer consent to switch on 85-year rule** – please supply a retirement certificate
- Change of payroll provider** – please confirm the new payroll provider:
- TUPE to another employer** – please notify the Employer Liaison Team if you haven’t done so already
- Ill-health tier 1**
- Ill-health tier 2**
- Ill-health tier 3**
- Death in service** – please provide Next of Kin contact details in the comments box on page 2  
what date were you notified of the death?

For all ill-health retirements, please forward us a copy of the relevant ill-health certificate and signed authorisation from the member to share this data with us.

**Pay information**

Please answer 1- 14 below using information for the period 1 April to Last day of service. (E.g Last Day of Service 24 August 2021, information provided should be for 1 April 2021 - 24 August 2021)

**1. Total employee contributions in the main section.**  
Leave blank if member was not in the main section.

**2. Did the member’s contribution rate in the main section change at all between 1 April and the last day of service?**

- Yes  No

**3. Total employee contributions in the 50/50 section.**  
*Leave blank if member was not in the 50/50 section.*

**5. What was the total member Additional Pension Contributions (APC) paid?**

*Please leave blank if not applicable.*

**7. What was the total member Additional Voluntary Contributions (AVC) paid?**

*Please leave blank if not applicable*

**9. Member's total Cumulative Pensionable Pay (CPP) in the in the main section?**

*Leave blank if member was not in the main section.*

**11. Member's total Cumulative Pensionable Pay (CPP) in the in the 50/50 section?**

*Leave blank if member was not in the 50/50 section.*

**13. Member's Full Time Equivalent (FTE) salary**

*Please provide the FTE in all cases*

**4. Did the member's contribution rate in the 50/50 section change at all between 1 April and the last day of service?**

Yes  No

**6. What was the total employer Additional Pension Contributions (APC) paid?**

*Please leave blank if not applicable.*

**8. What was the total employer Additional Voluntary Contributions (AVC) paid?**

*Please leave blank if not applicable*

**10. Has Assumed Pensionable Pay (APP) been applied to the total CPP in the main section?**

Yes  No

**12. Has Assumed Pensionable Pay (APP) been applied to the total CPP in the 50/50 section?**

Yes  No

**14. For ill-health retirements and death in service only, please provide an annual Assumed Pensionable Pay (APP)**

**Final pay (members with service before 1 April 2014 only)**

**15. Please provide a final pay figure ([2008 definition](#)) for the previous year to the last day of service/membership and attach a copy of the final pay calculation. (E.g. Last day of service 24 August 2021, final pay calculation is for period 25 August 2020-24 August 2021)**

**Please note:** In cases where a member has pre-1 April 2014 service, and have experienced a drop in final pay, we may request additional final pay calculations.

**Comments**

**Employer declaration**

Name and job title of person completing this form (please print)

By signing below, you agree that the information you have provided on this form is accurate to the best of your knowledge. **Please use an actual signature either electronic or in pen. Do not print.**

Signed:		Date:	
---------	--	-------	--