**LOCAL GOVERNMENT PENSION SCHEME 2014 - REQUEST FOR ESTIMATE OF PENSION BENEFITS For a Former Scheme Member**

**Please complete this form using black ink**

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| --- |
| **FROM**  |
| **NAME** |  |
| **TRUST OR EMPLOYER NAME** |  |
| **\*SCHOOL OR ACADEMY** |  |
| **TELEPHONE NUMBER** |  |
| **E-MAIL** |  |

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| **This form must be used when requesting an estimate of pension benefits for a former scheme member.****Requests received by the Pension Team using any other method will be returned. Estimates will be****calculated within 5 working days.** |
| **MEMBER DETAILS** |
| **SURNAME** |  | **FORENAMES** |  |
| **DATE OF BIRTH** |  | **NI NO** |
| **JOB TITLE**  |  | **DATE LEFT EMPLOYMENT**  |  |
| **REASON FOR REQUEST** |
| **\*Early Retirement**  **(with Employer’s**  **Consent)** | **□** | **Ill-Heath**  | **□** |
| **OTHER** |  |
| **ESTIMATED DATE PAYMENT OF PENSION TO COMMENCE**  |  |
| **\*IF EARLY RETIREMENT ARE BENEFITS TO BE PAID  WITH OR WITHOUT AN ACTUARIAL REDUCTION?** (Please consult your policy statement regarding this discretion) | **WITH / WITHOUT***(Capital Costs will be provided in all appropriate cases)* |
| **\* NAME OF SCHOOL OR ACADEMY: If you are a trust providing a service on behalf of a school or  academy please provide the name of the school or academy in this box.** |
|  **Please add any additional comments here:** **Please return this form to:** **info@berkshirepensions.org.uk**  |
| **SIGNED** |  | **DATE** |  |
| **NAME OF AUTHORISED SIGNATORY** |  |
| **POSITION** |  |

EST4(0424)