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

**Please complete this form using black ink**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:info@berkshirepensions.org.uk) | | | | | | | | | | |
| **SIGNED** | |  | | | | | | | **DATE** |  |
| **NAME OF AUTHORISED SIGNATORY** | | | |  | | | | | | |
| **POSITION** | |  | | | | | | | | |

EST4(0424)