

Opt Out Withdrawal Form

Defined Benefit and Defined Contribution

THE MEMBER SHOULD COMPLETE SECTION 1, SIGN AND PASS THIS FORM TO THEIR EMPLOYER FOR COMPLETION. THE LEAVING OPTIONS CANNOT BE PROCESSED UNTIL THE FORM IS FULLY COMPLETED.

1. Member section (to be completed by the member)

Member's Name: _____

Membership Number:

Employer's Name: _____

Date of leaving the Scheme: ___/___/___

Date of Birth: ___/___/___

Address: _____

Postcode: _____

Member's telephone number: _____

To the Trustee of the Social Housing Pension Scheme (SHPS), I wish to leave the Scheme with effect from ___/___/___ . I understand that by leaving the Scheme:

- No death-in-service benefits are in place for me.
- No further contributions will be paid by my employer on my behalf.
- No further benefits will accrue for me.
- I understand that I may only rejoin the Scheme at a later date with the permission of my employer and the Trustee and I will only be able to join the open benefit structure offered by my employer.

My spouse/partner is aware of my decision to withdraw from the Scheme and I have kept a copy of this form in my personal papers.

Signed (member): _____ **Date:** ___/___/___

THE EMPLOYER MUST COMPLETE SECTION 2, SEND THE FORM TO THE PENSIONS TRUST AND ADVISE THEIR PAYROLL TEAM TO CEASE DEDUCTION OF PENSION CONTRIBUTIONS AND AMEND THE MEMBER'S NATIONAL INSURANCE CATEGORY IF APPROPRIATE.

2. Employer section (to be completed by the employer)

Name of Organisation: _____

Employer Reference Number:

Social Housing Pension Scheme

Contribution details

Date on which final contributions will be paid: _____/_____/_____

Member's final contribution in month of leaving the Scheme: £_____

Any optional contribution yet to be paid (e.g. AVCs, Augmentation): £_____

Guidance for calculating contracted-out earnings (COEs) for defined benefit structure members only

This figure should be taken from the form P11 or your computerised payroll system. **It is the member's earnings between the lower earnings limit and the upper accrual point.** In the year of leaving (if not a full tax year) the figures should be those up to the date of leaving.

Contracted-out earnings

Member's COEs during the tax year of leaving: £_____

Member's COEs in the preceding year (if unnotified): £_____

If the member was in a defined benefit structure, following opting out they will pay full rate National Insurance contributions, please advise your Payroll Team.

Salary details

Please verify the salary history over the three years preceding date of leaving. (This information is not necessary where a refund of contributions is required.)

Effective date	Basic salary	Pensionable fluctuating earnings
_____/_____/_____	£_____	£_____
_____/_____/_____	£_____	£_____
_____/_____/_____	£_____	£_____

Please complete on a separate sheet if necessary.

Further information

Was the member ever employed on a part-time basis? Yes No

If yes, please provide a history of hours changes including dates of changes and the full-time equivalent hours.

Is the member joining another SOCIAL HOUSING PENSION SCHEME employer?

Not known Yes No

I confirm that the member named overleaf has chosen to opt out of the Scheme from the date shown, the Payroll Team have been informed, pension contribution deductions will cease and the National Insurance category will be amended from the effective date.

Signature of employer: _____ **Date:** ____/____/_____

Full Name: _____

Position: _____

The information on this form will be treated in the strictest confidence. Personal data will be subject to the provisions of the Data Protection Act.

 Administered by
The Pensions Trust