Notification of Flexible Retirement Agreement Form – provisional/actual/revised (please circle)

The Local Government Pension Scheme Regulations 2013 require that Scheme employers participating in the LGPS have to formulate, publish and keep under review a Statement of Policy on discretions which they have the power to exercise in relation to members of LGPS.

This means that we can not proceed with any flexible retirement without evidence that the application has been considered and agreed under the relevant employer's LGPS Discretions Policy.

Please complete in BLOCK CAPITALS

Name of Employer/School	
National Insurance Number:	
Job Title:	
Date for flexible retirement to take effect*:	*date
Employee's Address for Future Correspondence We will write to the member to notify them of their pension benefits in the Please provide their address below:	e LGPS.
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Hours before flexible retirement	
Hours before flexible retirement Number of hours worked per week	
Number of hours worked per week	
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Number of hours worked per week	
Number of hours worked per week	

Pre 2014 scheme pensionable pay details

Please show pre 2014 normal annual pensionable pay rates from 1 April in the tax year preceding the final year of employment – eg if LDOS is 31 December 2014, show normal pay rates from 1 April 2013.

Effective Date of Salary Change	Normal Full Time Equivalent Annual Salary	Full time equivalent allowances (e.g. First Aid, etc)
/ /	£	£
/ /	£	£
/ /	£	£
/ /	£	£

Payments in Addition to Normal Salary

In the employee's final year if they have received pensionable payments in addition to their normal monthly salary, please detail these below:

Month & Year Paid	Description	Amount	Period Payment Relates To (From: To:)
		£	
		£	
		£	

If there is a possibility that the employee's final year's pay is lower than either of the 2 preceding years (except solely as a result of a change in hours), please copy this page and provide pay information for those years.

Contributions and post 2014 scheme pensionable pay details

	% Rate	Amount (£ & p)
Current year total employees pension contributions		
Deducted from pensionable pay of		
Any assumed pensionable pay (provide details and dates separately)		

50/50 or main scheme? _____ Date of change _____

Declaration

On behalf of the school/employer named below I certify that I have completed this form fully and that all details are correct.

I attach the following documents to this notification form (please provide all unless previously sent to the Pensions Shared Service):

 Your A coption the according 	ber's Application to Flexibly Retire Employer's LGPS discretions Policy py of the flexible retirement agreement appropriate Director / Governors as set oyer's discretions policy	č , <u>–</u>	No No No
Signed		Date	
Name		Tel no	
Job Title			
Employer/So	chool	_Pension Fund	