



LPFA

**London Pensions
Fund Authority**

Local Government Pension Scheme

Termination of employment or scheme membership of a pensionable employee

Surname _____ Forenames _____

Mr/Mrs/Miss/Ms/other _____ Date of birth _____

National Insurance Number _____ Last day of service _____

Reason for leaving _____ Post held _____
(eg. voluntary resignation, age retirement, ill health, death, redundancy, dismissal, opted-out)

Address to which communications should be sent *(in death cases enter details of next of kin)*

_____ Post code _____

Annual rate of pay from which pension contributions were deductible at exit £ _____
(If part-time, please state both part-time and whole-time equivalent rates)

If part-time, hours per week and weeks per year worked at exit _____

Employees Pension Contributions			Employees C.O.N.I. Earnings		
year ending 31st March			year ending 5th April		
		£ p		£ p	
Current year	% rate _____		Current year		
Previous year	% rate _____		Previous year		
Comments			Comments		

I certify that the information given above is correct

Signed _____ Date _____
(by responsible Officer)

Name in block capitals _____

Designation/Grade _____ Telephone number _____

Name of employer _____ LPFA employer code _____