LPFA

London Pensions Fund Authority

Local Government Pension Scheme

Final Pay on exit from the Fund

Estimate / Actual / Revised*

Name _____ National Insurance Number _____

Home address _____

_____ Post code _____

Employer _____ LPFA employer code _____

Reason for leaving** _____ Last day of service _____

(eg. voluntary resignation, age retirement, ill health, death, redundancy, dismissal, opted-out)

Final Pay *(Please refer to "Administrative Procedures for Employing Authorities")*

Date from	Date to	Notes	Annual rate *(please use whole-time equivalent for part-time employees)*		Amount for period	
			£	p	£	p
			Total for period			

Redundancy payment *if appropriate* £ _____

Redundancy added years to be awarded _____ years _____ days
(*Not required if LPFA previously informed of your employer policy)*

I certify that:

- (except for figures marked estimated) the information given above is correct
- the contributor had/had not* submitted a "Nomination of Beneficiary for the Payment of Death Grant" form
  (If a nomination form was submitted, please attach it to this form)
- a copy of this form is/is not* being supplied to the contributor

Signed _____ Date _____

Name in block capitals _____ Designation/Grade _____

Telephone number _____

** Delete as appropriate* *** If ill health please attach form LG103 - Ill health retirement declaration*