

Local Government Pension Scheme

Notification of Retirement (with entitlement to immediate benefits)

| Form - LGPS-9A | | |
|---|--|--|
| | the East Sussex County Council Pension Fund. me member who is retiring and will be entitled to immediate n for ill health cases. | |
| Employer | | |
| I. Employee details | | |
| Title - please enter Mr, Mrs, Ms, Miss or other (please stipulate) | | |
| Forename(s) | | |
| Surname | | |
| National insurance number | | |
| Address where correspondence should be sent | | |
| Status – please enter single, divorced, Civil Partnership, Civil Partnership dissolved, Married, Widow(er), Surviving (civil Partner), Cohabiting partner | | |
| | | |
| 2. Retirement details | | |
| Post on leaving | | |
| Date of retirement | | |
| | | |

| Reason for retirement | Tick relevant box |
|---|-------------------|
| A) Attained Normal Pension Age (NPA) equal to State Pension Age * (see below) | |
| Attained age 55-60 and wishes to receive immediate payment of benefits * (see below) Please also indicate if you have 'switched on' the 85 year rule? | |
| C) Attained age 60-NPA and wishes to receive immediate payment of benefits *(see below) | |

| Reason for retirement | | | Tick rel | levant box |
|--|--------------------------|------------------------------|-------------|-----------------------------|
| | | | | |
| E) Attained age 55 *(see below please also advise if retirement | | nis box (if applicable) | | |
| I) In the interests of eff2) By reason of redund | - | | | |
| F) Flexible Retirement. | | | | |
| Please enter below summary contractual hours of work pe | | | | |
| | | | | |
| * with not less than 2 years s | ervice, or 3 months if s | ervice commenced pre 01 | /04/14 | |
| 3. Pensionable pay – for n | nembers with pre 01 | /04/2014 service | | |
| A) Final pay - whole-time per | sionable pay during last | : 365 days of employment | I | £ |
| | | · · · | | £ |
| B) Part-time pensionable pay during last 365 days of employment (if applicable) C) Whole-time pensionable salary at date of leaving | | | £ | |
| D) During year ended | | | | |
| (if one of the previous two years is higher) | | | £ | |
| If a valid Certificate of Protection would yield the highest pensi | | s has been issued please e | nter detail | s of the pay which |
| Year ended | | | | |
| Whole-time equivalent pay to be used | | £ | | |
| If employee is term-time, | . , | | • | alent. |
| 4. Pensionable Pay (or As Actual (or Assumed) Pensional | | | E) | |
| Date from | Date to | Pay amount Main Section £ | | Pay amount /50 Section £ |
| | | | | |
| | | | | |
| | | Т | otals | _ |
| | | | | |

| 5 . | Empl | loyee and | Employ | er Contri | butions |
|------------|-------------|-----------|---------------|-----------|---------|
| | | | | | |

| a) Paid during year of termination | Contribution Rate | % | £ | |
|---|-------------------|---|---|--|
| b) Paid during previous year to 31 March | Contribution Rate | % | £ | |
| c) Unpaid at date of leaving (if applicable) | | | £ | |
| d) Employer contributions paid during year of termination | | £ | | |
| e) Employer contributions paid during previous year to 31 March | | £ | | |

6. AVC's

| Amount of AVC contributions paid since last April (if applicable) | £ |
|---|---|
| Amount of final contribution | £ |
| Date final contribution paid to AVC provider | |

7. Other awards

If the employee is entitled to an injury allowance or other compensatory award, please give details below:

8. Enclosures

| Income tax form P45 (parts 2 and 3) enclosed? | Yes 🗆 |
|---|-------|
| Please answer 'yes' or 'no' | No 🗆 |

9. Authorisation

| Authorising officer – signature | |
|----------------------------------|--|
| Authorising officer – print name | |
| Email | |
| Telephone number | |
| Date | |

Please return the completed form to:

Pensions, East F, County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 IUE

If you require any further support, please email pensions@eastsussex.gov.uk or call 0300 200 1022.