



**Staffordshire
Pension Fund**
Local Government Pension Scheme

LEAVER OPTION FORM

Name:

NI Number:

Reference Number:

- ☐ **A** I am taking up further employment where I will be covered by the Local Government Pension Scheme.

New employer's name

New employer's address

Nature of new employment

Commencement date

- ☐ **B** I am interested in having the pension rights accrued in the employment I have left combined with an employment in which I am still an active member of the Staffordshire Pension Fund and which was running concurrently with my former employment. Please send me details.

- ☐ **C** I am interested in transferring my pension rights to another Occupational Pension Scheme, Personal Pension Plan, Stakeholder Pension, or Buy-Out Contract and WILL INSTRUCT the following adviser/company to approach Staffordshire Pension Fund for details of any transfer value that may be payable –

.....
.....

I request and authorise Staffordshire Pension Fund to note the action selected on this form and to proceed accordingly.

Signed Date

When you have completed this form, please return to:

 **Staffordshire Pension Fund, 2 Staffordshire Place, Tipping Street,
Stafford, ST16 2DH**

 **pensions.enquiries@staffordshire.gov.uk.**