Police Service of Scotland
Cancellation of Pensionable Membership

Section 1 – Personal details - (To be completed by officer)

Surname

Former surname(s) (if applicable)

Forenames (in full)

Title

PSI number

Date of birth (e.g.15/04/1973) (DD/MM/YYYY)

National Insurance number

Contact address

Post code

Personal email address

Mobile telephone number

Marital Status:

Please indicate your reason for leaving by selecting one of the options below:

1. Completed 30 years' service ☐   2. Changes to the Pension Scheme/Contribution Level ☐

3. Investment elsewhere ☐   4. Personal Circumstances ☐

5. Financial Pressures ☐   6. Leaving the service ☐

7. Other

Section 2 – Options on existing rights - (To be completed by officer)

You can find out more on the <u>Opt Out Form Explanatory Factsheet</u>

Please indicate what action you wish taken with your existing pension rights:

Option 1: ☐ I have less than 2 years pensionable service and wish to receive a refund of my pension contributions.

Please pay to: **Sort code** ☐☐ - ☐☐ - ☐☐

Account number ☐☐☐☐☐☐☐☐

Name on Bank Account ☐

Option 2: ☐ I have 2 or more years pensionable service and wish to preserve my existing pension rights.

Option 3: ☐ I would like to consider transferring my existing pension rights to another pension arrangement.

Section 3 – declaration - (To be completed by officer)

In the full knowledge of the conditions and potential benefits available to me as a member of the above Pension Scheme and having read the explanatory factsheet accompanying this form, I elect to terminate my membership of the Scheme.

In making this election I acknowledge that, other than any rights, options and benefits that may have accrued to me in the above Scheme prior to the effective date of this election, I will have no claim on the Scheme in respect of any period on or after the effective date of this election.

I understand that my election to leave the Scheme will have effect from the first day (the effective date) of the pay period beginning on or after the notice of election is received by my Payroll Department. (This may differ when being auto enrolled).

I understand that if I opt out I will lose the right to pension contributions from my employer.

I understand that if I opt out, I may have a lower income when I retire.

I confirm I have personally submitted this notice.

Signature ☐

Date (DD/MM/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

Once you have read the accompanying explanatory factsheet and completed Sections 1 to 4 above, please email the completed form to **financepayrollcontactus@scotland.police.uk**

Section 4 – Final pay details - (To be completed by payroll)

Section 4 (a) - Please provide final pensionable pay

An election to leave the Scheme will have effect from the first day (the effective date) of the pay period following that in which the notice of election is received by Payroll Department.

Effective Date (DOL)			Final Pensionable Pay (pensionable pay in the 12 months prior to DOL) (Not applicable if officer joined on or after 1 April 2015)
Day	Month	Year	
			£

I confirm that each of the two years' previous pensionable pays were lower than the above figure :

Yes [ ]   No [ ]

If No please provide highest pensionable pay and period to which it relates.

Section 4 (b) - Please provide end year data

Return dates needs to be: For the current financial year to DOL
                                For the financial year preceding DOL

Return date			Pension Contributions		CARE Pensionable Pay (if applicable)*
Day	Month	Year			
To date of leaving			£		£
3	1	0 3		£		£

* Not applicable if officer is fully protected or is in a period of tapered protection and has therefore never joined the CARE Scheme

Section 4 (c) - Payroll contact details

Payroll Administrator: [   ]

Email Address: [   ] @scotland.police.uk

Signed [   ] Date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Member has less than 3 months service and received a refund through payroll [ ]

Payroll: Please upload the completed form **through the IConnect portal**.