

## RETAINED MEMBERS MODIFIED SCHEME / NFPS / CARE

### Employers Mandate

This form should be completed by the employer and forwarded to the Scottish Public Pensions Agency (SPPA) 28 days before the applicant's last day of service. Delays in submission of this form may result in late payment of benefits.

Any amendments arising after submitting this form should be notified to SPPA immediately.

### SECTION 1 – PERSONAL DETAILS – FOR ALL EMPLOYEES

National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Forename	<input type="text"/>									
Surname	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
Postcode	<input type="text"/>									
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth confirmed by employer	<input type="checkbox"/>	To the best of my knowledge I can confirm this is the date of birth we hold for the member. Birth certificates need not be sent if this box has been ticked.								
Leaver Date (undecided leavers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Retiral Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ill Health Retiral Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Was HMRC Severe Ill Test Met?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## SECTION 1 – HR DECLARATION

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To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer

Name (BLOCK CAPITALS)

Telephone number

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Email address

Signed

Date

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## SECTION 2 – DETAILS OF PENSIONABLE SALARY

Actual Pensionable Earnings from 1<sup>st</sup> April To date of leaving (Retainer Pay + Emoluments)

Leaving date						Actual Pensionable Earnings (Including Retainer Reference Pay)	Number of days worked
Day		Month		Year			

Final year's Whole Time Equivalent salary, including any increases in last 365 days, any unpaid leave and periods of acting up in which split pension may be payable.

Start date			End date			Days in Period	Annual rate of Salary	Actual Earnings	Reason
Day	Month	Year	Day	Month	Year				

CPD contributions from 01/07/2015

Start date			End date			Amount of CPD Received	Total of Employers & Employees Conts paid on CPD
Day	Month	Year	Day	Month	Year		

Is the member purchasing their Retained Modified Service by way of monthly instalments?

Yes

No

Balance owing to be deducted from any residual Lump Sum

## SECTION 3 – PAYROLL DECLARATION

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To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer

Name (BLOCK  
CAPITALS)

Telephone number

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Email address

Signed

Date

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