



INDEPENDENT ELECTORAL AND BOUNDARIES COMMISSION SPS
LEAVER'S FORM

Payroll Number. : _____ Identity Card No. _____

Name of Member : _____

Date of Birth : _____ Date Joined Service : _____

Date Joined Scheme : _____ Date of Leaving : _____

Date of last contribution : _____

Reason for Leaving : _____

Normal Retirement Early Retirement Ill Health Retirement

Death in Service Resignation Dismissal

Confirmation of Benefit Choice by Member

Please state proportion (%) to be taken as immediate lumpsum:

Employee Contributions plus interest

Employer Contributions plus interest

Please state how the deferred amount should be treated:

Transfer Benefits

Name of Scheme to be Transferred to _____

Name of Custodian of the Scheme of Transfer _____

Retain Benefits in the **Independent Electoral And Boundaries Commission SPS.**

Member's Contact Details P. O. Box _____ Code No. _____

Town _____ Tel: _____

Email Address _____

Member's Bank Details: Account No _____ Bank: _____

Branch _____

Name _____

Signature _____ Date _____

To be completed by the Trustees.

Prepared by: _____ Date: _____

Stamp _____