

## **Early Leaver Option Form**

Please complete this form and email to preserved.refunds@wolverhampton.gov.uk

Pension reference number:	
Surname:	First name(s):
Date of birth:	National insurance number:
Address:	
Telephone number:	Mobile number:
Please select one of the options below:	
Refund of contributions	
Name of bank:	
Branch:	
Account number:	Sort code:
Name of account holder(s):	
<ul> <li>I have not rejoined the LGPS employment prior to this re</li> <li>I have not rejoined the LGPS within one month and one</li> <li>I am not ceasing active membership of the LGPS at age</li> <li>I have not paid national insurance contributions as an adattained state pension age</li> <li>I am not an active member of the LGPS in another emp</li> <li>I do not have deferred benefits and I am not in receipt of I confirm I wish to take a refund of my contributions, and the Signed:</li> </ul>	day of ceasing scheme membership 275 ctive member and then left the LGPS in the tax year that I have loyment of a pension from the LGPS
Defer your decision for up to five years I wish to defer having my refund paid. I understand that it 75 if earlier. Signed:	must be paid within five years of leaving the scheme or age  Date:
Transfer your pension rights, including a transfer within the LGPS	
Name of pension arrangement you wish to investigate tra	
Signed:	Date: