

# Form S5 RB/DIS (post-1 April 2014) Revised details form



This form is to be completed when notifying us of any amendments to the information provided on the retirement/death-in-service Exit Interface. Please complete the member's details in full and your amendments, ticking the boxes, where appropriate – then sign, date and return it to the email address shown below.

Employer's name:

## Member's Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other:	Pension reference number: <b>1 0</b>
Surname:	Payroll number:
First name(s):	Date of birth:
National insurance number:	

## Revised Employment Details

Date left the Scheme:	<input type="text"/>
Reason left the Scheme:	<input type="text"/>
Hours worked at 31 March 2014:	Part-time: <input type="text"/> Full-time equivalent: <input type="text"/>

## Revised Pay Details

Full-time equivalent pensionable pay for the last 365 days worked for calculating pre-31 March 2014 benefits:	£ <input type="text"/>
Cumulative pensionable pay in final Scheme year:	
Main section: £ <input type="text"/> 50/50 section: £ <input type="text"/>	
Assumed pensionable pay (for ill health or death in service only):	£ <input type="text"/>

## Revised Pension Scheme Contributions (from 1 April to leaving date)

LGPS standard contributions paid:	£ <input type="text"/>	Contribution rate: <input type="text"/> %
-----------------------------------	------------------------	---

## Revised Additional Scheme Contributions

Type of additional Scheme contributions:	<input type="checkbox"/> AVCs <input type="checkbox"/> APCs <input type="checkbox"/> ARCs <input type="checkbox"/> Purchase additional years
Additional contributions paid:	£ <input type="text"/>

Additional comments:

## Certifying Officer's Declaration

I certify the amendment(s)/addition(s) to be true, and confirm that this new information should, where appropriate, replace all previously notified details.

Certifying officer's signature	Print name:
Date:	Contact number:

The City of Wolverhampton Council is a Data Controller under the Data Protection Act 2018. For more information on how the Council manages your personal data, please visit [www.wmpfonline.com/informationgovernance](http://www.wmpfonline.com/informationgovernance).

If you require assistance on how to complete this form, please contact the Employer Helpline on 0300 111 6516.  
Return to email address: [DMT@Wolverhampton.gov.uk](mailto:DMT@Wolverhampton.gov.uk)