

Flexible Retirement Approval Form

For completion by the employer

Section 1

The request for flexible retirement has been approved by:

Name of employer

In respect of: Name

National Insurance
number

The above named has reduced their hours from hours to hours with effect from date

OR

The above named has reduced their grade from to with effect from date

IN ALL CASES: AUTHORISED MANAGER OR OFFICER

I agree to the request for reduction in hours or grade and release of pension

Name

Job Title

Signed

Date

IN CASES WITH CAPITAL COSTS: THE AUTHORISED MANAGER OR BUDGET HOLDER MUST ALSO COMPLETE THIS DECLARATION:

Estimated capital costs of £ have been provided by the Pensions Section. I confirm that I have agreed the proposed method of financing the additional costs

Name

Job Title

Signed

Date

Section 2: Checklist

In order to put this pension into payment, please complete the following checklist:

- I have checked that the form is complete before sending to the Pensions Section
- I have informed my payroll section and/or HR of the change in grade or hours
- I have instructed my payroll section to complete and forward the pension scheme leavers form to the Pensions Section at the earliest opportunity. For most employers, this will be the ePen3.
- If the scheme member paid into an AVC, I have ensured that the contributions have ceased immediately prior to the change in hours or grade.

**Return the completed form to
pensions@leics.gov.uk**

If this form is received incomplete, then it will be returned to the sender.

