FR2

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.

