

Affix Recent
Passport
Photograph

STANDARD NOTICE OF RETIREMENT

Note: * Indicates Mandatory Fields **Indicates Conditionally Mandatory Fields

1. RSA Holder's Details

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*Surname

*First Name

**Middle Name

--

*PIN

--

*Date of Birth
(dd/mm/yyyy)

--

*Sex (M/F)

--

*Effective Date of Retirement
(dd/mm/yyyy)

--

*Marital Status

*Permanent Home
Address:

--

--

*Current Contact/
Mailing Address:

--

--

**House Tel. Number

--

*Mobile Tel Number

--

2. Employment Details

*Employer's Name
and Address

--

--

**Employer Code

--

*Total Annual Remuneration £:

--

(Attach pay slip)

3. Details of Benefits

*Accumulated Contributions to Date £

--

**Status of Retirement Bond £
(If a public sector employee)

--

**Expected Contribution to Date of Retirement £:

--

**Status of Accrued Benefits £
(If a private sector employee)

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4. Reasons for Retirement/Exit (*Please tick appropriately)

Normal Retirement

Medical

Terms and Condition of Employment

a.) **If on Medical Reasons:**

State Medical Condition: _____

Name and Address of Physician/Hospital that issued the medical certificate: _____

Date of Medical Certification

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(dd/mm/yyyy)

b.) **If under Terms and Conditions of Employment:**

State unique Terms and Conditions of employment: _____

