

This form should be submitted via i-Connect (NCC send to PenDocs)
(Employers not yet onboarded, post paper copy to:
Norfolk Pension Fund, County Hall, Martineau Lane, NORWICH, NR1 2DH)

Employer / NCC Dept	<input type="text"/>
Member's Full Name	<input type="text"/>
NI Number	<input type="text"/>
Termination Date	<input type="text"/>

Retirement Codes (Tick one option)	Reason for Retirement	Is this form needed?	Relevant Sections
R1	Member aged 60+	Only if additional pension is being awarded or reduction is being waived	A, B & D
R2	Member aged 55 to 59	Only if additional pension is being awarded or if a reduction is being waived	A, B & D
R3	Redundancy (age 55+)	Yes	A & D
R4	Business efficiency (age 55+)	Yes	A & D
R5	Ill Health (forms R18 & R45 also needed)	Only if additional pension is being awarded	A & D
R6	Flexible retirement (age 55+)	Yes	A, C & D
R7	Age 75 attained – benefits payable	Only if additional pension is being awarded	A & D

Section A Award of additional pension (tick and complete one option)

The Employer has resolved to award an additional pension of p.a.
(in addition to any automatically granted on Ill-health Retirement)

The Employer has resolved to award additional pension equivalent to a capital sum** of
NB: ** This will be billed as a one-off payment regardless of your strain choice in Section D

The Employer has resolved not to award any additional pension.

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Section B Employer's waiver : Early retirement

The Employer agrees to waive (at its own cost) any reduction to pension?

All / Part / None

If 'Part', please give details

Section C Employer's consent and waiver : Flexible retirement

The member's hours of work or grade reduced from the day after the termination date?

YES / NO

The Employer agrees (at its own cost) to immediate benefits on flexible retirement?

YES / NO

The Employer agrees to waive (at its own cost) any reduction to benefits?

YES / NO

Section D Capital costs : Additional pension awards or fund strain cost

The total capital cost of any additional pension award and / or pension fund strain would normally be invoiced as a one-off payment unless you prefer to make equal instalments over 36 months

The Employer would prefer to settle any capital costs by making equal instalments over 36 months?

YES / NO

Invoice reference (Optional) Employers other than Norfolk CC

If you need identification on our invoices, please enter the code to be used :
(please take this from the list issued by the Norfolk Pension Fund)

Project Code

X P _ _ _ _

FIMS Code (compulsory) Norfolk County Council departments only

STRAIN COST

_____ / 18020 / _____
(project code if required)

COST OF ADDITIONAL PENSION

_____ / 18010 / _____
(project code if required)

Employer's authorisation Please complete this box in all cases

I confirm on behalf of the Employer the details on this form are correct and it agrees to meet any costs arising from the consents given; and I have authority to do so.

Wet signature if paper copy otherwise input your email address in the 'Signed' box:

Signed

Date

Contact Name

Telephone

NPF will treat this form as authority to pay any additional benefits arising from the discretions exercised; and as confirming any necessary consents have been obtained. You should ensure you have authority to sign it and it complies with your Policy Statement.

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