Retirement claim form - Enquiry

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK ✓

METROPOLITAN EMPLOYEE BENEFITS

Scheme name:

Employer name:

Employer branch name or number: | Scheme number.:

A. Member's details

Surname & title: | Member ref. no.:

Alternative surname: | Wage/paysheet no.:

First name and initials:

Identification number: | Date of birth: (dd/mm/yyyy)

B. Retirement Details

Date of retirement: (dd/mm/yyyy) | Pensionable salary at retirement: | PM | PW

Date of last contribution: | Amount of last contribution: | PM | PW

Alternative retirement dates: | or alternative retirement ages | Specify assumption for future salary increases:

Reason for retirement: Normal | Voluntary early | Employer request

Ill-health | Late

Please indicate the benefit options required for the purpose of a quotation.

COMPLETE FOR A PENSION SCHEME

	Based on the member's final average salary	Based on the member's equitable share of the scheme	Pension payment guarantee period
Full pension per annum			Nil years
OR Maximum lump sum payment			5 years
PLUS Balance of pension per annum			10 years

Joint life and survivor option: Reducing by: 1/3 | 1/2 | 0 on death of member | or first person dying

Date of birth of spouse: (dd/mm/yyyy) — Required for post-retirement spouse's benefits and joint life and survivor option.

Date of birth of children: — Required for post-retirement children's benefits.

COMPLETE FOR A PROVIDENT SCHEME

Full cash lump sum payment | The lump sum at retirement may be used to purchase a pension from Metropolitan. Indicate portion of lump sum to be used. | % | or

Signatures:

Member — Date (dd/mm/yyyy)

on behalf of employer/trustees — Date (dd/mm/yyyy)