

## **Confirmation of Death in Service**

Please complete this form in full by using BLOCK CAPITALS and by ticking the appropriate boxes. Please send the completed form to the Pensions Office.

Employer	

## To be completed by the employer

<u>Member</u>			
Surname			
Forenames			
Date of death	/ /	NI Number	

Please enter any further information you have in the box below:

	Tax year of leaving	Tax year before leaving
Cost Plan or Tier	Lower / Standard / Higher/ Tier 1 / Tier2 / Tier 3	Lower / Standard / Higher/ Tier 1 / Tier2 / Tier 3
Employee's contributions (SalEx)	£	£
Employer's contributions (SalEx)	£	£
Employee's contributions (Non-SalEx)	£	£
Employer's contributions (Non-SalEx)	£	£
AVCs (not Prudential)	£	£

Salary changes in tax year of death and tax year before death (WTE stands for whole time equivalent)

Da	te of o	change	Annual Salary	Hours worked	WTE hours	Annual WTE salary
,	/	/	£			£
/	/	/	£			£
/	/	/	£			£
/	/	/	£			£

I confirm that the above named retired on the date shown above and that the details shown concur with our payroll records.

Signed	Date	
Name	Position	

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