

Waiving Reductions

Please complete this form in block capitals and in black ink.

The employee named below will be retiring from our employment and will be entitled to immediate pension benefits from the Local Government Pension Scheme (Northern Ireland).

Member Name:

Date of Birth:

Member Address:

Postcode:

Pension Reference Number:

National Insurance Number:

Occupation:

Date of Retirement:

Final payment date:

Reason for Request

Estimate of benefits

(please attach Form LGS17 and forward it to NILGOSC with this form)

Payment of immediate benefits

(please attach Form LGS16 and forward it to NILGOSC with this form)

We wish to exercise our discretion and waive the following reductions to the employee's pension benefits. We will pay the cost of waiving these reductions to NILGOSC as a single lump sum. We have ticked the applicable boxes in the middle column.

Type of Retirement	✓	Type of member and discretion available
Voluntary retirement age 55 or over.	<input checked="" type="checkbox"/>	Group 1 member (active member prior to 1 October 2006 and born on 31 March 1956 or earlier)
	<input type="checkbox"/>	I confirm that we wish to waive all of the actuarial reduction in respect of pre-1 April 2016 benefits on compassionate grounds only
	<input type="checkbox"/>	I confirm that we wish to waive all of the actuarial reduction in respect of post-31 March 2016 benefits (on any grounds)
	<input type="checkbox"/>	I confirm that we wish to waive some of the actuarial reduction in respect of post-31 March 2016 benefits (on any grounds) . State percentage below:

