

## **STATUS CHANGE FORM**

Pension Services Department

		MEMBER INFORM	ATION		
AME:		MEMBER IN ORM		TE NUMBE	R:
ADDRESS:					
TELEPHONE NO: (HOME) CELL NO:		NO:	EMAIL ADI	EMAIL ADDRESS:	
NATIONAL REGISTRATION NUMBER:		NIS NUMBER:		TAMIS N	UMBER:
	•			.,	O.,,
NAME OF SPOUSE (IF APPLICABLE):				DATE OF BIRTH OF SPOUSE:	
		CHANGE STAT	us		
REASON FOR CHANGE: (TICK ONE)	Late Retiremen	t Resignation	Term	ination	Normal Retirement
(HOR ONE)	Early Retiremen	_	Disab		Transfer
		nt Death		·····y	Hansier
EFFECTIVE DATE OF CHANGE:	Ouici		OF LAST DEDUCTIO	N FROM ME	EMBER'S SALARY:
		=/2	S.T. S. E.O. BEBOOTION FROM MEMBERS OF SEAST.		
AMOUNT OF LAST DEDUCTION FROI	M MEMBER'S SALARY	(\$): SEVER	SEVERANCE PAYMENT (IF APPLICABLE) (\$):		
WAS LAST DEDUCTION SENT TO INS	SURANCE COMPANY?	Yes No			
WAS LAST DEDUCTION SENT TO INS	SURANCE COMPANY?	Yes No			
EMARKS				Signature	
EMARKS					
EMARKS	npany Stamp			Signature	
EMARKS	npany Stamp Send one copy		copy at the point c	Signature Date f origin	
EMARKSCom	npany Stamp Send one copy FOR TH	to Sagicor and retain a o	copy at the point o	Signature  Date  f origin	
EMARKSCom	npany Stamp Send one copy	to Sagicor and retain a of the INSURANCE COMF	copy at the point c	Signature  Date  f origin	
EMARKS  Com  ROSS REFUND: \$  ESS TAX: \$	npany Stamp Send one copy FOR TH	to Sagicor and retain a of the INSURANCE COMP	copy at the point of PANY USE ONLY	Signature  Date  f origin	
EMARKS  Com  ROSS REFUND: \$ ESS TAX: \$ ET REFUND: \$	opany Stamp Send one copy FOR TH	to Sagicor and retain a of the INSURANCE COMF	Copy at the point of PANY USE ONLY OF OPTION LETTER: D REVENUE APPRO	Signature  Date  f origin	
EROSS REFUND: \$ ESS TAX: \$ ET REFUND: \$ EARS OF SERVICE:	opany Stamp Send one copy FOR TH	to Sagicor and retain a of the INSURANCE COMF	COPY at the point of PANY USE ONLY OF OPTION LETTER: D REVENUE APPROVUE PAID TO:	Signature  Date  f origin	