

**RHONDDA CYNON TAF COUNCIL**

**TO:**

**FLEXIBLE RETIREMENT APPLICATION - OVER 55 AND MEMBER OF LOCAL  
GOVERNMENT PENSION SCHEME**

**APPLICATION FORM**

I wish to make an application for Flexible Retirement under the provisions of the above Scheme. The particulars you require to consider my application are given below.

As part of my application, I acknowledge that I have to accept either a permanent reduction in either my hours (at least a 20% reduction) or grade to be considered.

I confirm that I wish to:

☐ Reduce my current contractual hours of \_\_\_\_\_ to \_\_\_\_\_

☐ Reduce my current grade.

*(\*) – please tick one of the boxes above*

I also confirm that I wish/do not\* wish to pay pension contributions on my reduction in hours or grade.

*(\*) – delete as appropriate*

**FULL NAME:**

**ADDRESS:**

**STAFF NOS:**

**DATE OF BIRTH:**

**DATE CONTINUOUS SERVICE COMMENCED:**

**WORKPLACE:**

**EMPLOYEE SIGNATURE:**

**DATE:**