# APPENDIX 1

**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 40% reduction) or grade to be considered.

I also acknowledge that my pension may be reduced based on both early release and any employer costs that may apply. 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 \* to pay pension contributions on my reduction in hours or grade.

(\*) please select as appropriate

**FULL NAME**:

**ADDRESS**:

**STAFF NOs**:

**DATE OF BIRTH**:

**DATE CONTINUOUS SERVICE COMMENCED**:

**WORKPLACE**:

**EMPLOYEE SIGNATURE**:

**DATE**: