



State Sector Retirement Savings Scheme

Notice of transfer to a new SSRSS participating employer

Member Details

| | |
|----------------------|----------------|
| Name: | _____ |
| SSRSS member number: | _____ |
| Date of birth: | __ / __ / ____ |
| Email address: | _____ |
| Telephone number: | () _____ |

Employment Details

| | |
|----------------------------------|----------------|
| Previous employer: | _____ |
| Date ceased employment: | __ / __ / ____ |
| New employer: | _____ |
| Employee number: | _____ |
| Date started new employment: | __ / __ / ____ |
| Date of first payroll deduction: | __ / __ / ____ |

Member Contribution Details

| | |
|---------------------------------|--|
| Member Contributions: | % |
| Voluntary Contributions: | % <i>(all contributions above subsidised 3% gross base salary)</i> |
| Salary Sacrifice Contributions: | % |

Member Authorisation

I certify the above information is correct and authorise the Trustee(s) to transfer my membership held under my previous employer to my new employers' section of the SSRSS.

| | |
|------------------|----------------------|
| Signature: _____ | Date: __ / __ / ____ |
|------------------|----------------------|

New Employer Authorisation

I certify the above information is correct and that the Trustee(s) is/are authorised to transfer the member's membership to the new employers' section of the SSRSS. Our payroll system has been updated to reflect this information.

| | |
|-----------------------|----------------------|
| Signature: _____ | Date: __ / __ / ____ |
| Print Name: _____ | |
| Position Title: _____ | |

Please send the completed form to the employee's SSRSS provider