

Employer confirmation of job reshaping

Applicant full name (to be completed by the pension administrator)	<input style="width: 100%; height: 25px;" type="text"/>
Date of birth	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> / <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> / <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
National Insurance (NI) number	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>

Notes

1. You have previously agreed that this person can reshape their job and we have provided them with a partial retirement quote. They have now confirmed to us that they have decided to partially retire taking all, or some, of their pension. Before we make arrangements to pay any pension, you must confirm that the details contained on the CSP15 form that you completed at the start of the process remain correct.
We will not pay any pension until we have received your confirmation.
2. You must attach a copy of the CSP15 form, completed jointly by you and the applicant, with this form.
3. You can make your confirmation by signing and dating this form in the space below and returning it to the scheme administrator: MyCSP, PO Box 2017, Liverpool, L69 2BU.
You should keep a copy of the signed form for your files.

Employer confirmation

I confirm that the details contained in the CSP15 form, signed jointly by this organisation and the above applicant, are correct and that their partial retirement can proceed.

Full name (print)	<input style="width: 100%; height: 35px;" type="text"/>
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Your signature: _____ Date: ____/____/____