

Cross Council Transfer form (JSS8)

To be used for transfers between Research Council Pension Scheme employers only

Please complete this form in CAPITAL LETTERS and return it to JSS Pensions, Polaris House, North Star Avenue, Swindon SN2 1UY

Member details

Surname	Date of birth	Employee Number
	/ /	
Forename(s)	National Insurance number	

Transfer details

From: (Previous C	Council and location)				
Li	ast Day of Service:				
	Salary: (FTE)				
Nuvos Earning	js (if applicable) 1st	April to last day of service			
Was the transferee a member of the Research Councils' Pension scheme? (Please specify)					
Classic	Classic Plus	Premium	Nuvos	Partnership	
No - Opted Ou	it. Please give effecti	ve date of opt out: (dd/mm	/уу) /	/	

To: (New Council and location)	Employee Number				
Start Date:					
Salary: (FTE) Pensionable Allowances: (FTE)					
Full/I (if part time please specify hours	Part Time per week)				
Work email address:					
In order to ensure compliance with automatic enrolment legislation, workers must be enrolled into a qualifying pension scheme upon joining a new employer. As such, when a member of staff transfers between employers and is not in a pension scheme , the new employer must ensure that the worker is in a qualifying pension scheme from the first day of employment. Transfer action must be completed and deductions taken within the same pay period as the date of joining .					
Scheme the employee has been au	to enrolled	into: (Please specify)			
Classic Classic Plus	Premium	Nuvos			
If previously Opted Out, has employee completed a new Opt Out form? Y					
Authorised signature		Date			

/

	/
Print Name:	