



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