

Superannuation Record—55B / _____

Personal Details (CAPITAL LETTERS)

Full Name _____ *Male/Female

Date of Birth

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 National Insurance Number

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Medical Practitioner Dental Practitioner

Address (if terminating contract) _____

_____ Postcode _____

* Delete as appropriate

Remuneration and Contribution Record

Added Years and/or unreduced lump sum

Purchase (new style) total %

Remuneration £	Year Ended	Contributions Paid £	Events affecting reckonable service/ contributions including extra contributions for purchase (s)
	31.3.		
	31.3.		
	31.3		
	31.3		
	31.3		

Refund of Contributions £ _____ Outstanding Contributions £ _____

Less Income Tax £ _____

Net £ _____

Exit Code

Superannuation Dates

Present Service Began

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Earlier Commencement Date

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Last day of contributing service

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Reckonable Service

At last day on previous SD55 or transferred in

For the period covered by this form

TOTAL

Years	Days

Contract for purchase of

* **Added years** old style _____
new style _____

End Date _____

* **Unreduced lump sum years** old style _____
new style _____

End Date _____

Certification

I certify that the information above is correct and copied from BSO records

Signature _____ Date _____