





## PRELIMINARY APPLICATION FORM FOR ADDITIONAL PENSION PURCHASE

Title:         Mrs         Dr         Miss         Ms         NI Number						
Surname: Former Surname						
First Name(s) Date of Birth						
Gender Male Female Email						
Current Employer						
Home Address						
Post Code						
Telephone No						
I wish to purchase additional pension of f per annum (up to a maximum of £6,500 in						
multiples of £250) and would be grateful for information on the cost of purchasing. Please note that if you have						
an existing Early Retirement Reduction Buy Out (ERBBO) this may impact the maximum additional pension that						
may be purchased.						
(Please refer to the website <u>www.hscpensions.hscni.net</u> if you are unsure of your options)						
I wish to purchase additional pension for (tick only one): Personal benefits only  (or) Personal benefits and dependant benefits						
Personal benefits only (or) Personal benefits and dependant benefits						
I wish to pay for (tick only one):						
A one off payment (or) Instalments from my salary						
If payment is to be made by <b>Instalments</b> please state number of whole years over which payments are to be made. This can be any period from 1 year up to 20 years and can end no later than the day before your state pension age.						
I wish to take the purchase of Instalments overyears (as detailed above).						

I understand that my application will not be accepted formally by the BSO until I have completed the election form AP2 and received confirmation of its acceptance by the HSC Pension Service. For further guidance on costs and payment periods please refer to the calculator on website <u>www.hscpensions.hscni.net</u>					
Signed:			Date:		
	return to: HSC Pen nderry, BT47 6FP	sion Service, Water	SIDE H	louse, 75 Duke St,	

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