



ELECTION TO PURCHASE ADDITIONAL PENSION

TO BE COMPLETED BY THE APPLICANT IN ALL CASES

SECTION 1 – Personal Details

1. National Insurance Number
2. Surname
3. Former Surname
4. First Name
5. Mr Mrs Miss Dr
 If other, please specify:
6. Date of Birth (eg 15/04/1943)
7. Gender
 Male Female

8. Contact Address

Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9. Home Telephone No (including STD code)

10. Mobile Telephone Number

11. E-Mail Address

12. Current Employer

Section 2 – Choice of Options

12. I wish to purchase additional pension of:

£	<input type="text"/>	per annum
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(up to a maximum of £6,500 in multiples of £250) Please note that if you have an existing Early Retirement Reduction Buy Out (ERRBO) this may impact on the amount of the maximum additional pension that may be purchased

13. I wish to purchase additional pension for (tick only one):

Personal Benefits only or Personal benefits and Dependant Benefits

14. **I wish to pay by** (tick only one):

A one off payment* **(or)** Instalments from my salary#

If payment is to be made by **instalments** 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 make instalments over years (as detailed above).

***Please note** if the payment is by a one off lump sum then it must be received within one month of you receiving the acceptance letter from HSC Pension Service.

Section 3 – Members with Multiple Contracts of Employment (complete if applicable)

If you are currently working for more than one employer please specify the employment that deductions should be taken from.

Name of Employer	Address	Pay Reference No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 – Verification of Date of Birth

15. Please supply us with a copy of your Birth Certificate with this application form so that we can verify your Date of Birth. We will be unable to process any applications until we receive this document.

Section 5 – Declaration

- To the best of my knowledge the information given in this form is true.
- I have no reason to believe that my health prevents me from continuing in pensionable employment until the payment period is completed.

Please note: The actuarial factors used to calculate additional pension are based on a normal retirement age which is linked to your State Pension Age, therefore if you take out an additional pension contract and then retire between the minimum retirement age and normal pension age for the scheme your additional pension will be reduced accordingly. The minimum retirement age in the 2015 Scheme is 55.

Signed: Date:

(Further details can be found on our website at www.hscpensions.hscni.net)

➤ When completed this form should be returned to HSC Pension Service, Waterside House,
➤ 75 Duke Street, Londonderry, BT47 6FP.