



ELECTION TO PURCHASE ADDITIONAL PENSION PURCHASE

TO BE COMPLETED BY THE APPLICANT IN ALL CASES

SEC	TION 1 – Personal Details	8.	Contact Address			
1.	National Insurance Number					
••	Tradistrat insurance reamber					
2.	Surname					
			Postcode			
3.	Former Surname		1 dateode			
		9.	Home Telephone No (including STD code)			
4.	First Name					
		4.0				
		10.	Mobile Telephone Number			
5.	Mr Mrs Miss Dr					
	If other, please specify:	11.	E-Mail Address			
		11.	L-Iviali Address			
6.	Date of Birth (eg 15/04/1943)	12.	Current Employer			
			Carrent Employer			
7.	Gender					
	Male Female					
Sec	ction 2 – Choice of Options					
10	1. Share and an all Providences					
12.	I wish to purchase additional pension of:					
	£ per annum (u	p to a r	maximum of £5,000 in multiples of £250)			
13.	13. I wish to purchase additional pension for (tick only one):					
Developed Developed and Developed De						
Personal Benefits only or) Personal benefits and Dependant Benefits						
			<u> </u>			

14. I wish to pay by (tick only one):						
A one off payment*	A one off payment*					
	# 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 65th birthday.					
I wish to take the purchase of instalments over years (as detailed above).						
*Please note if the payment is by a one off lump sum then it must be paid by cheque made payable to HSC Pension Scheme Account and attached to this application.						
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				
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 with 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 of 60 or 65 for existing scheme members and 65 for members who joined after 1 April 2008, 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. This reduction also applies to members of the Special Classes who retire at age 55. (Example – if the member purchases £5,000 additional pension by lump sum or periodical instalments they will actually get £3,810 at minimum retirement age 55 once it has been actuarially reduced).						
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.