



ELECTION TO PURCHASE ADDITIONAL PENSION

TO BE COMPLETED BY THE APPLICANT IN ALL CASES

SEC	TION 1 – Personal Details	8.	Contact Address		
1.	National Insurance Number				
2.	Surname				
3.	Former Surname	•	Postcode OTD		
4.	First Name	9.	Home Telephone No (including STD code)		
		10.	Mobile Telephone Number		
5.	Mr Mrs Miss Dr Dr				
	If other, please specify:	11.	E-Mail Address		
6.	Date of Birth (eg 15/04/1943)	12.	Current Employer		
7.	Gender Male				
Section 2 – Choice of Options					
12.	I wish to purchase additional pension of:				
	£ per annum		maximum of £8,717) Please note that if you have		
		this may	ng Early Retirement Reduction Buy Out (ERRBO) impact on the amount of the maximum additional 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) Installments from mysalary*

* If payment is to be made by **installments** 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.

If paying by installments you can pay a percentage of your pensionable pay, or a fixed monthly sum. Please enter below which of these options you wish to have deducted from your salary.

I wish to pay a percentage of my pensionable pay at % each month, or a fixed sum of £ each month.

I wish to make installments 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 BSO NIFRS Pension Team.

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.

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.

Sign:	Date:

Should you require any additional information please contact the NIFRS team at HSC Pension Service on 028 (71) 319111

When completed this form should be returned to:

HSC Pension Service NIFRS Team Orchard House 40 Foyle Street Londonderry BT48 6AT