



SCOTTISH PUBLIC PENSIONS AGENCY

**NHS (SCOTLAND) SUPERANNUATION SCHEME**

**APPLICATION FOR AWARD OF PENSION AND  
LUMP SUM ON PRESERVED AGE RETIREMENT**

PLEASE COMPLETE USING BLOCK CAPITALS AND BLACK INK

Superannuation No: SB 

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National Insurance Number 

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**PART 1 YOUR PERSONAL DETAILS**

Surname 

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Forenames *(in full)*

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Maiden name *(if applicable)*

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Date of Birth 

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Title *(tick box)*  
Dr  Mr  Mrs  Miss  Ms

Present Address 

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Postcode: 

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Telephone No:
Mobile No:
E-mail:

**PART 2 BANK DETAILS** (If you have difficulties with this section, ask your bank)

Name of Account Holder:

Name of Bank/Building Society:

Branch:

Branch Address:

Bank Sort Code: (this is the 6 digit number on your personal cheques)

Account Number:

Building Society Roll Number:

Bank Account Type (Current Account enter – 0, Deposit Account enter – 1)

**PART 3 DETAILS OF WIFE / HUSBAND / CIVIL PARTNER**

What is your Status? Married  Single   
 Civil Partnership  Widowed   
 Divorced   
 Dissolution or Nullity of Civil Partnership  (please tick)

a) Date of Marriage / Civil Registration:

Please give the following information regarding your Spouse, Civil Partner

b) Title: Dr  Mr  Mrs  Miss  Other (please state) .....

c) Full Name

d) Date of Birth

e) National Insurance No:

**Important - Please enclose the following certificates / documentation with this form:-**

- **A copy of your birth certificate**
- If you are currently **Married** or in a **Civil Partnership** enclose your Marriage Certificate or Civil Registration Certificate with your Spouse's / Civil Partner's Birth Certificate
- If you are a **Widow / Widower / Survivor of a Civil Partnership** enclose your Spouse's / Civil Partner's Death Certificate.  
 Date of Spouse's / Civil Partner's death
- If you are **Divorced** or your Civil Partnership has been **Dissolved** enclose the appropriate legal documents.  
 Date of Divorce / Dissolution or Nullity of Civil Partnership

**PART 4 ALLOCATION**

- a) Do you wish to allocate part of your pension? (Yes – 1, No – 2)
- b) Have you allocated from a previous NHS pension? (Yes – 1, No – 2)

Note: Allocation is **giving up** a proportion of your pension to provide a pension for a dependant, after your death, in addition to any separate dependants' benefits that may be paid. Contact the SPPA for further information.

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**PART 5 TAXATION – PLEASE COMPLETE BOTH SECTIONS****1. LIFETIME ALLOWANCE**

Will the total of your pension from the NHS Superannuation Scheme and any other pensions currently in payment at or from retirement, exceed £60,000 per annum?

Yes  No

If you have ticked yes, we will contact you again for further information. If you have not received a recent benefit statement or are unsure about the total value of your benefits, you should complete the detailed member declaration form which is available on request from the SPPA or can be downloaded from our website at [www.sppa.gov.uk](http://www.sppa.gov.uk).

**2. LUMP SUM DECLARATION**

Do you intend to use any part of your lump sum to fund additional pensions contributions to any other pension arrangement?

Yes  No

If yes, please state the following:

- Do all of the retirement lump sums received from all schemes in the last 12 months exceed 1% of the current HMRC Lifetime Allowance? Yes  No
- Does the amount you are investing exceed 30% of your retirement lump sum? Yes  No

If you have ticked yes for either of the above, we will contact you again for further information.

For further guidance please refer to HMRC website at [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

**PART 6**

**DECLARATION - PAYMENT OF PRESERVED BENEFITS**

Please complete this section and return this letter to SPPA at the address below.

- 1. Please state the periods during which you were employed in the NHS Scotland and indicate whether or not these employments were superannuable:

Date

From:	To:	Superannuable:
..... .....	..... .....	YES/NO
..... .....	..... .....	YES/NO
..... .....	..... .....	YES/NO

- 2. Have you now ceased NHS employment in Scotland? YES/NO

*If you answered "NO" to Q.2, please notify SPPA when your NHS employment terminates.*

Signature

Date

**PERSONAL CHECKLIST**

**You should complete and keep this part of the form for future reference**

**APPLICATION FOR AWARD OF PENSION**

Reference No. SB 

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1. Date the form was sent to SPPA

2. Documents enclosed (you may wish to tick the documents you have sent as a reminder to check on their return). Photocopies of documents are acceptable.

Marriage / Civil Partnership Certificate

Spouse / Partners Birth Certificate

Spouse / Partners Death Certificate

Divorce Decree / Dissolution or Nullity of Civil Partnership Certificate

3. You will be advised of the amount of your retirement benefit by the SPPA. If you change your address before then please let the Scottish Public Pensions Agency know at once.

The address is:

**Scottish Public Pension Agency (NHS)  
7 Tweedside Park  
Tweedbank  
Galashiels  
TD1 3TE**

You can telephone 01896 893100 quoting your Superannuation (SB) Reference number.

4. SPPA Payroll will be responsible for the payment of your pension and lump sum.

5. Your pension is assessed as earned income for tax purposes.

An advice note will be sent when there is has been a change in your annual rate of pension or your PAYE tax code. For the first year of your retiral, tax will be based on the total pay and pension received in the year to the last payment before 6 April.

**Any enquiry about your PAYE code number of your Tax Liability should be sent to:**

HM Inspector of Taxes, Ty Glas, Cardiff, CS4 5YA, (quoting your surname and your NI number)

Telephone 0845 300 3949.

6. If you wish your application to be acknowledged, please detach and complete this slip and enclose it with a **stamped envelope addressed to yourself** when you send the form to your SPPA.