

**SCOTTISH PUBLIC PENSIONS AGENCY
NHS SUPERANNUATION (SCOTLAND) REGULATIONS 1995 (Amended)**

Election to Buy

Increased surviving widower, civil partner or nominated non married partner
pension for pre 6 4 1988 service

Surname: _____ Superannuation SB Number: ____/____

Forename: _____ Initials: _____ Date of Birth ____/____/____

Address: _____ N.I. No: _____

_____ Postcode _____

I have seen the estimate to purchase service pre 88. and wish to purchase.....

	YEARS		DAYS
	□ □		□ □ □

Please tick an appropriate box

I elect to take a reduction to my Retirement Lump Sum amounting to £

	□ □ □ □ □
--	-----------

I elect to make payments of additional contributions of

	□ □	%
--	-----	---

From my next birthday to age (Please enter 55, 60 or 65) □ □

I elect to make a Single Lump Sum payment of
and to make this payment within one month of signing this election £

	□ □ □ □ □ □
--	-------------

I confirm that I understand the provisions of this election and that I am not aware of any reason why health should prevent me completing the purchase. I also confirm that I agree to pay the additional contributions detailed above on all superannuable earnings for the period of this contract

I understand that once the election form has been signed and received by SPPA it is irrevocable

Signature: _____ Date ____/____/____

**After completion this form should be sent to:
SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE.**