

PRELIMINARY APPLICATION FORM FOR ADDITIONAL PENSION

TO BE COMPLETED BY THE APPLICANT IN ALL CASES

SECTION 1 – Personal Details

1 Superannuation Number

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2 Surname

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3 Former Surname

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4 First Name

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5 Title

Mr Mrs Miss Dr

If other, please specify

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6 Date of Birth (e.g. 15/04/1943)

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7 Gender

Male Female

8 Contact Address

Post Code													

9 Home Telephone Number (including STD code)

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10 Mobile Telephone Number

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11 E-mail Address

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12 National Insurance Number

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13 Current Employer

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SECTION 2 – Choice of Options

14. I wish to purchase additional pension of

£ per annum

(up to a maximum of £5000 in multiples of £250)

and would be grateful for information on the cost of purchase.

(Please refer to our web site www.sppa.gov.uk if you are unsure of your options)

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

Personal benefits only (or) Personal benefits and dependant benefits

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

SINGLE PAYMENT

INSTALMENTS from SALARY

If payment is to be made by SINGLE PAYMENT: (this is the only option available for employers to purchase)

a) If you are a current member with **Pre-1 April 2007** service in the Scottish Teachers' Superannuation Scheme or if you have benefits in any other UK Teachers Service Scheme **before** 1 April 2007 without a break of 5 or more years and you have not attained age 60, your '**relevant birthday**' would be **60**. If you are over age 60, then this '**relevant birthday**' would be **65**;

b) If you are a current member who joined the Scottish Teachers' Superannuation Scheme for the first time **after** 1 April 2007 your '**relevant birthday**' would be **65**.

Please state your **relevant birthday** (either 60 or 65)

If payment is to be made by INSTALMENTS:

a) If you are a current member with **Pre-1 April 2007** service in the Scottish Teachers Superannuation Scheme or if you have benefits in any other UK Teachers Service Scheme **before** 1 April 2007 without a break of 5 or more years and you have not attained age 60, your '**relevant birthday**' would be **60**. If you are over age 60, then this '**relevant birthday**' would be **65**;

b) If you are a current member who joined the Scottish Teachers Superannuation Scheme for the first time **after** 1 April 2007 your '**relevant birthday**' would be **65**.

Please state your **relevant birthday** (either 60 or 65)

c) Please state the number of **whole years** over which instalments are to be made. This can be any period from 1 year up to 20 years, but cannot end later than your **relevant birthday** as stated above:

I wish to pay Instalments over years

SECTION 3 – Declaration

Important - Please indicate if you are the teacher completing this form to purchase additional pension for yourself, or an employer completing this form to purchase additional pension on behalf of a teacher (please tick accordingly). Teacher Employer

I understand that my application will not be accepted formally until I have completed the election form STSS: (PAPB) and received confirmation of its acceptance by the Agency. For further guidance on costs and payment periods please refer to our website www.sppa.gov.uk.

Signed Date

When completed this form should be returned to:

**The Scottish Public Pensions Agency,
7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**