

**SCOTTISH TEACHERS' SUPERANNUATION SCHEME**

**ELECTION TO PURCHASE ADDITIONAL SERVICE FOR FAMILY PENSIONS**

**SECTION 1 – Personal details**

1 Teacher's reference 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 Mr  Mrs  Miss  Other

If other, please specify

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

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7 National Insurance number

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8 Contact address

Post Code																			

9 Home telephone number

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10 Mobile telephone number

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11 E-mail address

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12 Basis of service

Full time  Part time

**SECTION 2 – Election to cover service**

13 Election to cover service between 1 April 1972 and 5 April 1988 (for widowers and civil partners).

Please indicate the amount of service you wish to cover:

Tick one box only:

a. All service  b. Part service

If you have chosen option b, please indicate the amount of whole years you wish to cover

years

14 Election to cover service before 1 April 2007 (for nominated partners).

Please indicate the amount of service you wish to cover:

Tick one box only:

a. All service  b. Part service

If you have chosen option b, please indicate the amount of whole years you wish to cover

years

### SECTION 3 – Method of payment

You may choose only **one** method of payment;

Please indicate how you wish to cover your service. Tick one box only:

a. Method 1 (monthly deduction from salary)

b. Method 2 (Single lump sum payment)

If you have chosen Method 1, please indicate by entering a tick in the appropriate box below the percentage rate at which you wish the additional contributions to be deducted from your salary

1%	2%	3%	4%	5%	6%	7%	8%	9%

It should be noted that if you have a current past added years contract, you may be limited to the percentage available to purchase family benefits service. If you are unsure, please do not hesitate to contact the Agency.

### SECTION 4 - Declaration

To be completed by all applicant's.

- I elect to purchase previous service for family benefit's as indicated in Section 2, by the method indicated in Section 3.
- I understand that payment by method 2 must be made within 3 months of our notification of the amount due.
- I understand that this election is **IRREVOCABLE**
- I declare that I have no reason why my present state of health should prevent me from completing the contract I have entered into for the purchasing of previous service for my family benefits' purposes.
- All the information I have given on this form is true to the best of my knowledge.

Signed

Date

When complete this form should be returned to:

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