

Election to purchase Additional Pension

Before completing this form, please read the 'Additional Pension' factsheet available on our website

Part A - To be completed by the member

Section 1 - About you

Surname	<input type="text"/>																			
First names	<input type="text"/>																			
NI number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
											2	7	/	0	4	/	1	9	8	6
Membership number	<input type="text" value="SD"/>																			
Payroll number	<input type="text"/>																			
Address	<input type="text"/>																			

Section 2 - About your Additional Pension

Amount to be purchased	<input type="text" value="£ 2,000.00"/>
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To be payable from:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> Age 60	or	<input type="checkbox"/> Age 65 (1995 Section Members)
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<input type="checkbox"/> Age 65 (2008 Section Members)
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<input checked="" type="checkbox"/> Normal Pension Age (2015 Scheme Members)
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Type of cover:	<input type="checkbox"/> Self only	<input checked="" type="checkbox"/> Self only and dependants
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Purchase arrangement:	<input checked="" type="checkbox"/> Instalments	<input type="checkbox"/> Lump sum
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Payment period:	<input type="text" value="10"/>	years
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Date of application:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	2	/	0	5	/	2	0	2	4

Total amount payable	<div>£ 29,088.00</div>
Monthly payment	<div>£ 242.40</div>
Membership number	<div>SD</div>

You must give this application form to your employer within six weeks of the date of application. Failure to do so may increase the cost of your Additional Pension and could reduce the period available for payment of instalments.

Section 3 – Member declaration

- ☐ I confirm that I have read the 'Additional Pension' factsheet, which explains the basic rules for the purchase of an Additional Pension.
- ☐ I confirm that I am not absent from work and that I know of no reason that my health would prevent me from continuing in pensionable employment until the payment period is complete.
- ☐ I understand that on a move to other pensionable NHS employment the Additional Pension continues were the break is less than 12 months, and on any such move it is my responsibility to inform any new Employing authority to avoid incurring arrears of contributions.

Signature

Date

		/			/				
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How we use your information

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at www.nhsbsa.nhs.uk/yourinformation

Part B - To be completed by the employer

Please confirm the date you received the AP1 form

Date received

		/			/				
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Please verify the member’s date of birth.

Verified DOB

		/			/				
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If the member has elected to buy an Additional Pension in instalments, please specify the employment from which the instalments will be collected.

Membership number

SD

Employment ID

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Employer declaration

☐ I confirm that the member is in pensionable employment and not absent from work.

☐ I agree to collect the payments shown overleaf and pay them to NHS Pensions promptly, in accordance with the Scheme regulations.

Pension Officer Signature

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Print name

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Date

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EA name

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 EA code

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Telephone number

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EA name stamp

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NHS Pensions will write to the member and the employer to confirm acceptance.