



ADDITIONAL PENSION – CESSATION/CANCELLATION OF CONTRACT (To be completed by the Employer)

Title	Mr	Mrs D	r Miss Ms
NHS Sup	perannuation	n Number	
Surname			
Former Surname (if applicable)			
First Nar	ne (s)		
Date of Birth			
National Insurance Number			
	N 2 – Reaso (please tic		ation or cessation of Additional Pension
Reque	est of membe	•	Left Employment Death
Ill health retiring on ill health grounds			Maternity, Paternity, Adoption Leave
groun			
	lth or injury n	o longer contrib	outing
III hea		-	the final instalment is due
III hea	onal Pension	-	the final instalment is due
III hea	onal Pension	is taken before	the final instalment is due Details
Ill hea	onal Pension N 3 – Additi alment dedu	is taken before	the final instalment is due Details mbers salary Date
Addition SECTION First instance Last instance and the second seco	onal Pension N 3 – Additi alment dedu	is taken before ional Pension ucted from mer ucted from men	the final instalment is due Details mbers salary Date





SCOTTISH PUBLIC PENSIONS AGENCY

SECTION 4 – Employer Details

Name of Employer	
Employer Address	
Telephone Number	
Signed	
	-
PRINTED NAME	
Date	