

**NHS SUPERANNUATION SCHEME (SCOTLAND) REGULATIONS 1995**

**ELECTION TO PURCHASE AN UNREDUCED LUMP SUM RETIRING ALLOWANCE**

(Please complete in CAPITALS and in black ink)

Surname  Forename (s)

Address

Post Code

Date of Birth

Superannuation Number 

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I have read leaflet SB2 and wish to purchase an unreduced lump sum retiring allowance for:

- a. all my pre 25 March 1972 service
- or
- b. \_\_\_\_\_ years \_\_\_\_\_ days of my pre 25 March 1972 service
- (please tick the appropriate box)*
- and to pay by:
- a. a single payment of £ \_\_\_\_\_
- or
- b. partly by a single payment of £ \_\_\_\_\_ and partly by extra percentage contributions at the rate of \_\_\_\_\_% from my next birthday until I attain age \_\_\_\_\_
- or
- c. by payment of extra percentage contributions at the rate of \_\_\_\_\_% from my next birthday until I attain age \_\_\_\_\_
- (please tick the appropriate box)*

I confirm that I understand the provisions of this election and that I am not aware of any reason why my health should prevent me completing the purchase.

**RETAINED BENEFITS**

If you are contributing to a Free-Standing Additional Voluntary Contributions Scheme or Personal Pension (Section 226), please provide the following details:

Name and Address of Pension Provider:

Reference or Policy No. :  Amount Paid Annually: £

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed form to:  
 SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE