

ADDITIONAL PENSION – CESSATION/CANCELLATION OF CONTRACT

To be completed by the Employer on behalf of the Teacher

Section 1 – Member Details			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Superannuation Number	
Surname	<input type="text"/>		T / <input type="text"/>
Former Surname (If applicable)	<input type="text"/>	National Insurance Number	<input type="text"/>
First Name(s)	<input type="text"/>		
Date of Birth	<input type="text"/>		
Section 2 – Reason for cancellation or cessation of Additional Pension contract (please tick relevant);			
<input type="checkbox"/> Request of member	<input type="checkbox"/> Left Employment		
<input type="checkbox"/> Left Scheme	<input type="checkbox"/> Death		
<input type="checkbox"/> Ill health retirement	<input type="checkbox"/> Maternity, Paternity, Adoption leave		
<input type="checkbox"/> Ill health, no longer contributing			
<input type="checkbox"/> Additional Pension is taken before the final instalment is due			
Section 3 – Additional Pension Details			
First instalment deducted from members salary	<input type="text"/>		
Last instalment deducted from members salary	<input type="text"/>		
Monthly Deduction Amount	<input type="text"/>	£	
Total Amount Deducted during period (<i>as stated above</i>)	<input type="text"/>	£	

Section 4 – Employer Details

Name of Employer

Employer
Address

Tel No

Signed

Date

Print Name

When completed this form should be returned to:

Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, GALASHIELS, TD1 3TE