

**SCOTTISH TEACHERS SUPERANNUATION SCHEME (STSS)  
APPLICATION FOR WINDING DOWN**

**MEMBER DETAILS**

Superannuation number: T  /

Surname

Former surname (if applicable)

Forename(s) (in full)

Title  
Dr  Mr  Mrs  Miss

Other (specify)

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

National Insurance number

Contact address

Post code

Contact telephone number

E-mail address

**EMPLOYER DECLARATION**

Proposed commencement date of winding down employment  /  /

Please tick boxes to confirm that these essential criteria are being met.

- Winding down employment is part time service which is equal to or more than 0.5 FTE
- Winding down full time equivalent contributable salary rate is not less than the salary rate prior to commencing winding down
- I have consented to the winding down employment.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

## SALARY DETAILS

*Details of the Salary Rate being paid in the 365 days prior to entering winding down employment. Please show separately any additional superannuable allowances paid during the period.*

Period of Payment	Number of Days	Annual Rate of Salary

## MEMBER DECLARATION

I apply to commence winding down employment. I have enclosed all necessary evidence relating to past periods of teaching employment that were not pensionable under the Scottish Teachers' Superannuation Scheme.

**Signed**

**Date**

**PRINT  
NAME**

**Please return the completed form, via your employer, to:  
SPPA, 7 Tweedside Park,  
Tweedbank, Galashiels  
TD1 3TE**