

**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) / / Contact address Post code Contact telephone number National Insurance 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