

Quotation – Election to buy out the standard early retirement reduction

Important Information - Before completing this form please visit [NHS – Taking my pension without reduction](#)

SECTION 1 – PERSONAL DETAILS

Superannuation number

Surname

Former surname (if applicable)

Forenames (in full)

Title

Mr Dr Ms Mrs Miss

If other, please specify

Date of birth (DD/MM/YYYY)

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Contact address

Postcode

Home telephone number (including STD code)

Mobile telephone number

Email address

National Insurance number

SECTION 2 – OPTIONS

I request a quotation to purchase a buy out agreement up to a maximum of 3 years as below:

1 year 2 years 3 years *only if relevant months

Please note that your buyout contributions will not be refunded if you die in service, or if you retire early on ill health grounds.

Current Employer details

Name of employer

Pay reference number

Contact address

Postcode

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If you are currently working in more than one employment contract please provide details

Name of employer

Pay reference number

Contact address

Postcode

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Signed

Date

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Please return the completed application form to:

Post: SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

Email: sppacontactus@gov.scot