

APPLICATION FOR A REFUND OF SCHEME CONTRIBUTIONS

PART 1- PLEASE COMPLETE SECTIONS 1 TO 4

SECTION 1 - PERSONAL DETAILS

National Insurance No:

Surname

Former Surname (if applicable)

Forenames (in full)

Title
Dr Mr Mrs Miss Ms

Other (please specify)

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

Contact Address

Postcode																			

Home Telephone Number (including STD code)

Mobile Telephone Number

Email address

SECTION 2 – BANK DETAILS

Please ensure your bank details are entered clearly and accurately to ensure there is no delay in the payment of your refund

Name of Account Holder:	
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Name of Bank/Building Society:	
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Branch:	
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Branch Address:	
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Post Code:											
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Branch Sort Code:										
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Account Number:										
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Building Society Roll No:														
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Bank Account Type:	Current	Deposit	
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If your bank is outside the UK, please indicate which country your refund will be paid to:

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SPPA will issue the appropriate form to you for completion.

SECTION 3 – EMPLOYER DETAILS

Date of leaving or opting out of the superannuation scheme:			/			/			
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Current Employer(s) name(s) and address(s):-

SECTION 4 - DECLARATION

I confirm that I have ceased pensionable employment or opted out of the scheme and have notified my employer.

I apply for a refund of superannuation scheme contributions.

I understand that I must repay in full any overpayment of refund.

Signature:	
Date:	

Please return this form to:- SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE
