SPPA Scottish Public Pensions Agency
Buidheann Peinnseanan Poblach na h-Alba

APPLICATION FOR A REFUND OF SCHEME CONTRIBUTIONS – REF1

Please note: If you are actively contributing to the scheme you must complete an OPT OUT form in order to receive a refund. This form is available on our Website.

SECTION 1 - PERSONAL DETAILS

Superannuation No: | | | | | | | | | |

Surname

Former Surname (if applicable)

Forenames (in full)

Title

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other (please specify)

Contact Address

Postcode

Home Telephone Number (including STD code)

Date of Birth (e.g. 15/04/1963)

/ /

Mobile Telephone Number

National Insurance Number

Email address

Scottish Government Riaghaltas na h-Alba

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:	
Name of Bank/Building Society:	
Branch:	
Branch Address:	
Post Code:	

Branch Sort Code:									
Account Number:									
Building Society Roll No:									

Bank Account Type:	Current		Deposit	

If your bank is outside the UK, please indicate which country your refund will be paid to:

SPPA will issue the appropriate form to you for completion.

SECTION 3 – EMPLOYER DETAILS

SCHEME MEMBERSHIP – please tick relevant box

Scottish Teachers' Superannuation Scheme		National Health Service Superannuation Scheme (Scotland)	

Date of leaving or opting out of the superannuation scheme:			/			/				

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