

**APPLICATION FOR A REFUND OF SCHEME CONTRIBUTIONS – REF1****PART 1 - PLEASE COMPLETE SECTIONS 1 TO 4****SECTION 1 - PERSONAL DETAILS**

National Insurance No

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|--|--|--|--|--|--|--|--|--|

Surname

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Former Surname (if applicable)

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|  |
|--|

Forenames (in full)

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|--|
|  |
|--|

Title

Dr

|  |
|--|
|  |
|--|

Mr

|  |
|--|
|  |
|--|

Mrs

|  |
|--|
|  |
|--|

Miss

|  |
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|  |
|--|

Ms

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|  |
|--|

Other (please specify)

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Contact Address

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|  |
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Postcode

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Home Telephone Number (including STD code)

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Mobile Telephone Number

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Email address

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## 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:

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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:

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

Current Employer(s) name(s) and address(s):-

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| <br><br><br><br><br><br><br><br><br><br> |
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**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