

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

National Insurance No

<input type="text"/>							
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Surname

Contact Address

Former Surname (if applicable)

Forenames (in full)

Postcode

<input type="text"/>							
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Title

Dr Mr Mrs Miss Ms

Home Telephone Number (including STD code)

Other (please specify)

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:										
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:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Employer(s) name(s) and address(s):-

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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