

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

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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

Mr Dr Ms Mrs Miss

If other, please specify

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Date of birth (DD/MM/YYYY)

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Contact address

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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National Insurance number

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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

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

Name of employer

Pay reference number

Contact address

Postcode

Signed

Date

/

/

Please return the completed application form using one of the following options:

Online (preferred)

Submit your completed form using our [secure webform](#).

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