

PRELIMINARY APPLICATION FORM FOR ADDITIONAL PENSION PURCHASE

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	NI Number	<input type="text"/>
Surname: <input type="text"/>	Former Surname	<input type="text"/>
First Name(s) <input type="text"/>	Date of Birth	<input type="text"/>
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Current Employer	<input type="text"/>	
Home Address	<input type="text"/>	
		Post Code
Telephone No	<input type="text"/>	

I wish to purchase additional pension of £ per annum (up to a maximum of £5,000 in multiples of £250) and would be grateful for information on the cost of purchasing.

(Please refer to website www.hscpensions.hscni.net if you are unsure of your options)

I wish to purchase additional pension for (tick only one):

Personal benefits only **(or)** Personal benefits and dependant benefits

I wish to pay by (tick only one):

A one off payment **(or)** Instalments from my salary

If payment is to be made by **instalments** please state number of whole years over which payments are to be made. This can be any period from 1 year up to 20 years and can end no later than the day before your 65th birthday.

I wish to take the purchase of Instalments over years (as detailed above).

I understand that my application will not be accepted formally by the Department until I have completed the election form AP2 and received confirmation of its acceptance by the HSC Pension Service. For further guidance on costs and payment periods please refer to the calculator on website www.hscpensions.hscni.net

Signed: Date:

➤ **Please return to your employer.**