

# Additional Pension Contributions

## Personal/Contact Details

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ National Ins. No. \_\_\_\_\_

Pay Reference/Post No \_\_\_\_\_ Home/Mobile telephone no \_\_\_\_\_  
*If you have more than one employment, deductions will be made from the pay reference number specified, and will be applied to the pension account relating to this pay reference.*

Home Address \_\_\_\_\_

Personal Email Address \_\_\_\_\_  
*Your Pension Service is committed to electronic communications so that we can provide you with the most efficient service possible. The email address entered by you above will be used for further communications with you. If you wish to opt out of electronic communications please inform us in writing.*

Amount of extra Pension to purchase each Scheme year \_\_\_\_\_

I wish to pay for the cost of buying additional pension over \_\_\_\_\_ years or by a one off payment from my salary \_\_\_\_\_. I wish to make a lump sum cheque payment of £ \_\_\_\_\_ and will make the payment on receipt of an invoice from YPS.

Please note the period you select must be a whole number of years and it cannot be more than the number of years between when your additional contributions start and your Normal Pension Age. The minimum monthly contribution is £10.

### **Conditions of contract**

Before commencing a contract to purchase additional pension, the LPP acting on behalf of your pension scheme must be satisfied that you are 'in good health with regard to your age'. Please complete the following section:-

Have you had any periods of sickness during the past two years? YES/ NO

<b>From</b>	<b>To</b>	<b>Reason</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that further evidence of my medical suitability is required, I hereby consent for the LPP to contact my personnel department to obtain details of my sickness absence record. I understand that in the event that a medical examination is required, this may be at my own expense.

I understand that the amounts of additional contributions can be reviewed at any time by the Government Actuary and if this applies I am required to pay the amended contributions from the following April, if I wish the contract to continue. Please note upon receipt of this form your request will be confirmed in writing and deductions from your pay of the additional contributions will commence from the pay period following this confirmation.

Signed \_\_\_\_\_ dated \_\_\_\_\_

*\*Normal Pension Age means your State Pension Age (or, if later, your 65<sup>th</sup> birthday)*

**Please note that nothing in this form can override the Local Government Pension Scheme Regulations**