



## Election to Purchase Additional Pension Form

### Personal Details (Please complete in BLOCK CAPITALS)

|              |                      |                |                      |
|--------------|----------------------|----------------|----------------------|
| Surname:     | <input type="text"/> |                |                      |
| Forenames:   | <input type="text"/> | Title:         | <input type="text"/> |
| NI Number:   | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Employee No: | <input type="text"/> |                |                      |
| Address:     | <input type="text"/> |                |                      |
|              | <input type="text"/> | Postcode:      | <input type="text"/> |

### Declaration – please tick one of the first two statements and read the other three

I declare that I am in reasonably good health and give permission for you to contact my employer to confirm this

**or**

I am not in good health but wish to make an APC purchase and understand that I may have to provide a medical report at my own expense prior to purchase

- I understand that my monthly contribution rate may change in the future and due notice will be given.
- I understand that if I retire before my State Pension Age or 65 if later my additional pension will be reduced, even if my main scheme benefits are not.
- I understand that payment for my APC will only be deducted/requested after my employer has been contacted and confirmed I am in reasonably good health or a medical report has been provided which confirms I am not likely to leave or retire early due to an existing ill health condition.

Signed:  Date:

### Member Enquiry Contact:

**Tel:** 01244 976000

**Email:** [pensions@cheshirewestandchester.gov.uk](mailto:pensions@cheshirewestandchester.gov.uk)

### Please Return to:

Cheshire Pension Fund, The Portal,  
Wellington Rd, Ellesmere Port,  
Cheshire, CH65 0BA.