

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

Please Return to:

Cheshire Pension Fund, Cheshire West
and Chester Council, Council Offices,
4 Civic Way, Ellesmere Port, CH65 0BE.