

Increasing Scheme Benefits Request Form

I am considering purchasing additional years of service. I understand that I am not committing myself at this stage and that you will send me a quotation.

Your details

Surname:	
Title: Mr/Mrs/Miss/Ms/other	Forenames:
Date of birth:	National Insurance Number:
Your Address:	
	Post Code:

Name of your Employer:



For completion, and return by an individual who would like to investigate purchasing additional LGPS membership. Read the guide 'Increasing your Pension Scheme Benefits' before you complete this form. Further information is available by contacting us as detailed in that guide. Please complete all sections of the form.

If you wish to make an In-House AVC arrangement you should complete the form contained within the provider's literature, and forward it to your employer.

Medical Details

Warning

Failure to complete this section accurately will invalidate any future contract to purchase additional benefits from the LGPS. Any additional contributions paid will be returned to you, normally without interest.

Have you any reason to believe your health is below average for your age?

Yes

No

Are arrangements being made for you to undergo any medical or surgical treatment, or are you currently undergoing any medical or surgical treatment?

Yes

No

If you answered 'Yes' to either medical question, please provide details.

Declaration

I have read the guide regarding the purchase of additional scheme membership and declare that the information I have given is, to the best of my knowledge, correct.

I understand that if I have not completed the Medical Details section accurately, any subsequent contract will be invalid.

I understand that you will send me a specific quotation and that I will then be required to confirm my intention to purchase additional benefits should I wish to proceed.

Signed:

Date:



upon completion please return this form to the address and contact details provided in the guide