

LOCAL GOVERNMENT PENSION SCHEME REGULATIONS

Election to Purchase Additional pension

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|---|--|--|---|
| Name: | | Personal Number: | |
| 1. | I wish to purchase £.....additional annual pension. (Insert the amount of annual pension you wish to purchase up to £5,000. It must be divisible by 250) | | |
| 2. | I do wish to provide a surviving partner's pension | Please Tick | I do not wish to provide a surviving partner's pension |
| | | | Please Tick |
| 3. | I wish to pay these contributions over _____ years | | |
| 4. | £ _____ | Amount of monthly contribution from table to purchase pension of £250 per year | |
| 5. | £ _____ | Total monthly payment (number of blocks of £250 times the amount in 4) | |
| 6. | I wish to start paying these contributions from _____ | | |
| I hereby declare that, as far as I am aware, I am in good health. I am not undergoing any tests or awaiting the results of any tests. | | | |
| I understand that it is my responsibility to ensure that my pension benefits do not exceed the Lifetime Allowance. I am aware that if they do I will have to pay tax on the excess. | | | |
| Signed: | | Date: | |
| Please give a contact number in case we need to discuss this with you. | | | |

Please complete and return this form to;

Pension Services
 Guildhall 2
 Kingston upon Thames
 KT1 1EU