

Firefighter Pension Scheme 2006

Contribution adjustment – compensation payment

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| **Personal details:** |
| Full name |  |
| National Insurance Number |  |
| Payroll Number |  |
| Date of birth |  |
| Email address |  |
| Phone number |  |
| Address |  |
| **Compensation payment for return of pension contributions** |
| I **do wish** to have my contributions adjustment compensation payment made to me as soon as possible. |  |
| I **do not wish** to have my contribution adjustment compensation payment made to me now and I would like this to be held on account for the time being. |  |

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| **Declaration:** |
| *Please read each of the statements below and if you agree, sign, date and return the form* |
| * I understand that if I choose to have this payment made to me now, and that if I then elect for reformed scheme benefits at retirement, I will owe contributions for the whole remedy period and interest will be due up to the date that I make the payment.
* I understand that if I choose to hold this payment on account, this is an indicative choice only. I can change my mind each year upon receipt of my ABS-RSS or at retirement.
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| Full name (please print) |  |
| Signature |  |
| Date |  |

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| **Return the entire form to: [insert details on where to return]**  |