

Firefighter Pension Scheme 2006

Contribution adjustment – compensation payment

|  |  |  |
| --- | --- | --- |
| **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. | |  |

|  |  |
| --- | --- |
| **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. | |
| Full name (please print) |  |
| Signature |  |
| Date |  |

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