

## Application to Buy Extra Pension by Regular Contributions or Lump Sum (APCs)

Complete this form if you have obtained the costs at [www.lgpsmember.org](http://www.lgpsmember.org) and wish to proceed with your application. Please use **black ink**

<b>Surname:</b>		<b>NI No:</b>	
<b>Forename(s):</b>		<b>Membership No:</b>	
<b>Date of Birth:</b>		<b>Telephone No:</b>	

**Your Employer's Name:**

**Do you wish to pay for extra pension by (1) regular contributions or (2) a one-off lump sum?**

(If you are within 12 months of your normal pension age **you must pay by lump sum**. - you cannot pay regular contributions)

**1**  **I wish to purchase extra annual pension by paying regular contributions from my pay over the next**  **years**

**I wish to provide £**  **extra annual pension, OR**

**I wish to pay £**  **each month / week** (depending on how you are paid)

I understand that I will be required to complete a medical questionnaire at a cost to me of £40.00.  
I also understand that if medical clearance is not obtained from the Fund's medical officer that my contract will be cancelled, and any additional contributions deducted from my pay will be refunded through my employer's payroll.

**Or**

**2**  **I wish to purchase extra annual pension by paying a one-off lump sum of £**

Please send payment using the bank details below **quoting your National Insurance Number to:**

Bank name: **Lloyds Bank**  
Branch: **South Shields**  
Sort Code: **30 97 89**  
Account Number: **35572568**

**OR**

**Deducted from my pay**

I wish to have the cost of buying extra pension deducted from my  **\*\*week/month** salary by my employer as a one-off lump sum. **\*\*Please specify the week/month you wish the lump sum to be deducted from and allow time for us to notify your employer.**

**Please Note:** If you choose to have a lump sum deducted from your pay the amount you specify cannot be more than your net pay. Any tax relief you are due to will be paid through your employers PAYE system.

**Shared cost APC** - If your employer has agreed to share the cost of buying extra pension please submit their written confirmation with this form

**I attach a photocopy of my birth certificate, and authorise my instructions to be carried out as stated above.**

Signed  Date

**Please return completed forms to:** Pensions Office, PO Box 212, South Shields, NE33 9ER

## **Privacy Notices – How we use Your Personal Information**

South Tyneside Council holds information for the Tyne and Wear Pension Fund about you that is used for pension processing. Your information is treated as confidential; however, it may be shared with other organisations for the processing of benefits and, if we are required to by law, for the detection and prevention of fraud.

If you would like to know more about what information we hold about you, or the way we use it please contact the **Pensions Helpline** on **0191 424 4141**, write to the **Pensions Office, PO Box 212, South Shields, NE33 9ER** or view our website at **[www.twpf.info/article/28815/Privacy-Notices](http://www.twpf.info/article/28815/Privacy-Notices)**