

Employee's Election to Purchase Additional Pension by Making Additional Regular Contributions

Surname

First Name

Home Address

Postcode

Employing Authority

Pension Reference Number

Date of Birth

National Insurance Number

I wish to purchase the following additional pension:

For myself only

For myself and my dependants

Number of years to pay over

Amount of pension

Age at start of contract

Amount of monthly contribution

Date of first contribution

I understand that this election will only be accepted when I have successfully undergone a medical examination (at my own expense) carried out by the Committee's Doctor.

I hereby give my consent to the Committee and its medical advisors to obtain any medical records or reports which are relevant to my application to make Additional Regular Contributions and to such information being used or kept in compliance with the Data Protection Act 1998.

I wish my good health medical with a Committee Doctor to be arranged at the following surgery:

Belfast

Dungannon

Ballykelly

Signature**Date**

The completion of this form is the authority for the Committee to proceed with the above election to purchase additional membership.

Please return this form to:

NILGOSC, Templeton House, 411 Holywood Road, Belfast, BT4 2LP

Tel: 0845 3087 346