

# Scottish Fire and Rescue Service Opt Out Form

## SECTION 1 – PENSION SCHEME - (To be completed by officer)

Please indicate which Pension Scheme you are currently a member of and which scheme you are leaving

	W/T	P/T	Retained
Fire Pension Scheme (1992)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Fire Pension Scheme (2006)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Pension Scheme (Scotland) 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 2 – PERSONAL DETAILS - (To be completed by officer)

**Surname:**

**Former surname (if applicable):**

**Forenames (in full):**

**Title:**

**Date of birth (e.g. 15/04/1973):**

 /  /    

**Marital Status:**

**Contact address:**




**Postcode:**

**National Insurance number:**

        

Please indicate your reason for leaving by selecting one of the options below.

Completed 30 years service

Changes to the Pension Scheme / Contribution Level

Investment elsewhere

Personal Circumstances

Financial Pressures

Other

**SECTION 3 – OPTIONS ON EXISTING RIGHTS - (To be completed by officer)  
see Explanatory Factsheet attached**

**Please indicate what action you wish taken with your existing pension rights:**

**Option 1:**  I have less than 3 months pensionable service and wish a refund of my pension contributions.

**Please pay to: Sort Code**  -  -

**Account No.**

**Option 2:**  I have 3 or more months pensionable service and wish to preserve my existing pension rights.

**Option 3:**  I would like to consider transferring my existing pension rights to another pension arrangement.

**Details of new provider:**

**SECTION 4 – DECLARATION - (To be completed by officer)**

In the full knowledge of the conditions and potential benefits available to me as a member of the above Pension Scheme and having read the explanatory factsheet accompanying this form, I elect to terminate my membership of the Scheme.

In making this election I acknowledge that, other than any rights, options and benefits that may have accrued to me in the above Scheme prior to the effective date of this election, I will have no claim on the Scheme in respect of any period on or after the effective date of this election.

**I understand that my election to leave the Scheme will have effect from the first day (the effective date) of the pay period following that in which the notice of election is received by my Payroll Department.**

**Signature:** \_\_\_\_\_ **Date:**  /  /

**Once you have read the accompanying Explanatory factsheet and completed Sections 1 to 4 above, you should PRINT, sign and send this Form to your Payroll Department.**

## SECTION 5 – FINAL PAY DETAILS - (To be completed by PAYROLL)

### Section 5 (a) - Please provide final pensionable pay

An election to leave the Scheme will have effect from the first day (the effective date) of the pay period following that in which the notice of election is received by Payroll Department.

Effective Date (DOL)						Final Pensionable Pay (pensionable pay in the 12 months prior to DOL) (Not applicable if member joined on or after 1 April 2015)
Day	Month		Year			
						£

I confirm that each of the two years' previous pensionable pays were lower than the above figure :      Yes       No

If No please provide highest pensionable pay and period to which it relates.

### Section 5 (b) - Please provide end year data

Return dates needs to be: For the current financial year to DOL  
 For the financial year preceding DOL  
 For the 2nd last financial year preceding DOL

Return Date						Pension Contributions	NI Contracted Out Earnings (Pre 6 April 2016)	CARE Pensionable Pay (if applicable)*
Day	Month		Year					
To date of leaving						£	£	£
3	1	0	3			£	£	£
3	1	0	3			£	£	£

\* Not applicable if member is fully protected or is in a period of tapered protection and has therefore never joined the CARE Scheme.

### Section 5 (c) - Payroll contact details

Payroll Administrator:

Telephone Number:

Email Address:  @firescotland.gov.uk

Date:   /   /

Signature: \_\_\_\_\_

### Completed Form

Please return the completed form to:  
 SPPA,  
 7 Tweedside Park,  
 Tweedbank,  
 Galashiels  
 TD1 3TE.