

EARLY RETIREMENT REDUCTION BUY OUT (ERRBO) QUOTE

Please see the ERRBO Factsheet before completing this form

SECTION 1 – PERSONAL DETAILS

Superannuation number

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Surname

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Former surname (if applicable)

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Forenames (in full)

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Title

Mr Dr Ms Mrs Miss

If other, please specify

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

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Contact address

Postcode

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Home telephone number (including STD code)

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Mobile telephone number

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Email address

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National Insurance number

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SECTION 2 – OPTIONS

I request a quotation to purchase Early Retirement Reduction Buy Out (ERRBO) as below:

1 year 2 years 3 years *only if relevant months
 (Max 3 years) (see factsheet)

I wish the ERRBO agreement to start from (see factsheet)

1 April (please enter year)

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Date of joining NHS
2015 Pension Scheme

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Current Employer details

Name of employer

Pay reference number

Contact address

Postcode

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If you are currently working in more than one employment contract please provide details

Name of employer

Pay reference number

Contact address

Postcode

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Signed

Date

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

For further guidance please refer to the ERRBO factsheet on SPPA website

www.2015.sppa.gov.uk