

Faster Accrual

FACAPP

Please read the Faster Accrual factsheet at www.2015.sppa.gov.uk before making your application.

SECTION 1 - PERSONAL DETAILS

Superannuation number:

Surname:

Former surname (if applicable):

Forenames (in full):

Title:

Mr Dr Ms Mrs Miss

If other, please specify:

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

 / /

Contact address:

Postcode:

Home telephone number (including STD code):

Mobile telephone number (including STD code):

Email address:

National Insurance number:

Annual rate of possible earnings:

£

SECTION 2 - OPTIONS

I wish to purchase faster accrual as below:

1/45th 1/50th 1/55th

(tick one box only)

I request that my faster accrual rate will start from next 1 April

or

If the application is backdated to the date I joined NHS 2015, I agree to pay any arrears due

Current employer details

Name of employer:

Pay reference number:

Contact address:

Postcode:

Please provide details if this is to be applied to more than one employment contract.

Name of employer:

Pay reference number:

Contact address:

Postcode:

SECTION 3 - DECLARATION

I wish to purchase faster accrual at the rate noted in section 2 above.

I understand that the extra contribution rates must be paid for a complete scheme year signing.

Signed: _____**Date:** / / **Completed Form**

Please return the completed form to:

SPPA,
7 Tweedside Park,
Tweedbank,
Galashiels
TD1 3TE.