



Firefighter Pension Scheme 2006

Contribution adjustment – compensation payment

Personal details:	
Full name	
National Insurance Number	
Payroll Number	
Date of birth	
Email address	
Phone number	
Address	

Compensation payment for return of pension contributions	
I do wish to have my contribution adjustment compensation payment made to me as soon as possible.	
I do not wish to have my contribution adjustment payment made to me now and I would like this to be held on account for the time being.	

Declaration:	
<i>Please read each of the statements below and if you agree, sign, date and return the form</i>	
<input checked="" type="checkbox"/> I understand that if I choose to have this payment made to me now, and that if I then elect for reformed scheme benefits at retirement, I will owe contributions for the whole remedy period and interest will be due up to the date that I make the payment.	
<input checked="" type="checkbox"/> I understand that if I choose to hold this payment on account, this is an indicative choice only. I can change my mind each year upon receipt of my ABS-RSS or at retirement.	
Full name (please print)	
Signature	
Date	

Sign and return your completed form to LPPA. The quickest way to do this is by using the member contact form on the LPPA website.

Important!
 Please make sure you have signed your form (or added a scanned digital signature) before you return it – otherwise it will not be accepted.