

# POLICE PENSION SCHEME

Administered by XPS Administration, PO Box 485, Middlesbrough, TS1 9EE

## REQUEST TO DISCONTINUE ADDED YEARS CONTRACT

An election to purchase added years is a long term commitment with additional contributions usually payable until the contract end date, or if earlier, you leave the force, retire or opt out of the scheme. This applies even if you move or have moved into the Police Pension Scheme 2015 (PPS 2015).

However, if

- You currently contribute to the Police Pension Scheme 1987 (PPS 1987) or Police Pension Scheme 2006 (PPS 2006) and your police pension authority are satisfied that the payment of additional contributions is causing, or is likely to cause financial hardship, they can exercise discretion to allow you to discontinue payments as they see fit.
- You are contributing the PPS 2015 you can choose to stop your added year's contract and end payments without the consent of your police pension authority.

### Important

If you die or retire on ill-health grounds whilst paying the additional contributions, you will be credited with the total number of added years you initially elected to buy. If you stop payment of the additional contributions before the contract end date for any reason, you will only be credited with a proportion of the added years you were buying.

### MEMBER DECLARATION

Police Force

Surname  First Name(s)

Title  Date of Birth

NI Number

I am an active member of the PPS 1987 / PPS 2006 and request a suspension of the additional contributions I am paying to purchase added years due to financial hardship.

Please state the reason for the financial hardship:

How long is the suspension of payments required?

I am an active member of the PPS 2015 and choose to end the payment of additional contributions to buy added years.

Neither XPS Administration, nor the police pension authority are qualified or registered to give financial advice and take no responsibility for any decisions or actions taken as a result of the information given. If you are unsure about how you will be affected by any of the information provided, you should seek appropriate professional advice.

Signed  Date

**PLEASE SEND YOUR COMPLETED FORM TO YOUR EMPLOYER**

### EMPLOYER DECLARATION

Decision:

Notified To Pension Unit  /  /  Officer  /  /

Name  Telephone Number

Signed  Date

**A COPY OF THIS FORM MUST NOW BE SENT TO XPS ADMINISTRATION**