



FPS 2015 Added Pension - Quote Request

Surname:	First name:
National Insurance number:	
Address:	
Post code:	Date of birth (DD/MM/YY):
Email address:	
I wish to pay an additional £_____ each month (remains the same each month)	
I wish to pay an additional _____% each month (fluctuates with pay)	
I wish to increase my annual pension by £_____ at retirement (2019/20 limit is £6,924)	
I wish to pay a lump sum of £_____ into my pension account.	

- I understand by returning this form I am requesting further information on the prospect of purchasing added pension benefits at retirement. I am not agreeing to a purchase contract at this time.
- I understand that my contributions for Added Pension will cease at the Scheme Year end (31 March) and I will need to make a new election if I wish this to continue into the next Scheme Year, calculated under new factors applying at the beginning of the Scheme Year.
- I understand that my request will be rejected if the amounts specified above are less than any minimum amount determined by my Fire & Rescue Authority.

Signed: _____	Return to:
Date: _____	West Yorkshire Pension Fund
	P. O. Box 67
	Bradford
	BD1 1UP
	Email: pensions@wypf.org.uk