

Date of receipt:

## Repayment of pension contributions

Please complete this form using black ink and in BLOCK CAPITALS.

### Part A: To be completed by the applicant in all cases.

#### Section 1: Personal details

1. **Teacher's reference number** (example 99/99999)

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2. **Surname** (one character per box)

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3. **Former surname** (if any)

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4. **First name**

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5. **Title** (please tick, or state if other)

Mr  Mrs  Miss  Ms  Other

6. **Date of birth**

D	D	M	M	Y	Y	Y	Y
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7. **National Insurance number**

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8. **Contact address**


Postcode

9. **Home telephone number** (inc. STD code)

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10. **Mobile telephone number**

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11. **Personal email address**

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12. **Last date of pensionable teaching employment in the Teachers' Pension Scheme**

D	D	M	M	Y	Y	Y	Y
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#### Section 2: Payment details

1. **Full name and address of UK bank**


Postcode

2. **Branch sort code**

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3. **Your bank / building society account number**

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4. **Building society reference number**

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5. **Name of account holder**

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If your bank is outside of the UK please provide the following:

6. **IBAN/Bank and account codes**


7. **BIC/Swift code**


8. **Full name and address of bank**


Postcode

(continued overleaf)

Please note that payments made to overseas bank accounts will only be paid in the bank's local currency.

**Part A: To be completed by the applicant in all cases. (continued)**

**Section 3: Declaration**

- I confirm that I am no longer in pensionable teaching service and that I have:
  - less than 2 years total pensionable teaching employment after 6 April 1988, or
  - less than 5 years total pensionable employment if all service in the Scheme was before 6th April 1988
- I understand that, if the contributions are repaid to me, the period(s) represented by those contributions will no longer be reckonable under the Teachers' Pension Scheme and cannot be restored.
- I apply for repayment of my Teachers' Pension contributions.

**Signature**

**Date**

D	D	M	M	Y	Y	Y	Y
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**Section 4: Attestation. To be signed by a Witness who must not be related to the applicant.**

- I certify that this declaration was this day signed in my presence by the applicant, whom I believe to be the person to whom the foregoing particulars relate.

**1. Signature**

**2. Date**

D	D	M	M	Y	Y	Y	Y
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**3. Home telephone number (inc. STD code)**

**4. Contact address**

  
  
  


Postcode

**Notes** - A repayment of contributions is available to you if you have less than 2 years total pensionable teaching employment or less than 5 years total pensionable employment if all service in the Scheme was before 6th April 1988. A repayment of contributions is not permitted if you are in receipt of retirement benefits from the Teachers' Pension Scheme. If you do not have at least 12 months in post-benefit pensionable service you must apply for a short-service annuity - an application form is available under the retirement forms section of the the Teachers' Pensions website.

**If you are in multiple employment Teachers' Pensions will need a form completed and signed by each employer to be able to process the repayment claim.**

**General Data Protection Regulation (GDPR).** The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme to administer and operate the scheme and pay benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The DfE may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public money, the DfE may use information it holds to prevent and detect fraud. It may also share information with other organisations that handle public funds. If there is any difference between the legislation governing the Teachers' Pension Scheme and the information in this application form, the legislation will apply. For more information on how we will use your data, go to [www.teacherspensions.co.uk/public/privacy](http://www.teacherspensions.co.uk/public/privacy)

**Please return to us at:**

Teachers' Pensions,  
11b Lingfield Point,  
Darlington, DL1 1AX

[www.teacherspensions.co.uk](http://www.teacherspensions.co.uk)

**Part B: To be completed by the employer and returned without delay.**

Only to be completed if the applicant is in pensionable or excluded employment at the time this application is made, or left within 2 years of this application.

**Section 1: Employer information**

**1. Teachers' Pension Scheme contributions**

Please show any financial year(s) for which reduced/increased pensions were paid by the teacher

Financial Year	£
	£
	£
	£
	£
	£

**2. Is the teacher on maternity leave with the right to return to work? (Please tick)**

Yes  No

**3. National Insurance (only for periods of employment pensionable under Teachers' Pension Scheme).**

The Teachers' Pension Scheme ceased to be contracted-out of the additional state pension with effect from 6 April 2016. If the last two tax years of the teacher's pensionable employment include the tax year ending on 5 April 2016, please provide the amount of National Insurance contracted out earnings for that year. If a married woman option exists, enter 'E' instead of an amount. **Failure to provide this information may jeopardise the payment of any benefits claimed by the teacher against the state second pension.**

	Year	£
Tax year of termination		
Preceding tax year		

**Note:**

**Please supply service and salary details in the table overleaf for the previous scheme year and the current scheme year**

(the scheme year runs from April - March). No lines of service should span 31 March. For members in concurrent service please record the concurrent service below and provide a breakdown of the actual service on a separate sheet. When a part-time salary is paid please record the actual salary paid; use a separate line if the full-time annual rate changes. Please include the entry for the special class for part-time teachers - 7 for regular and 8 for irregular. **For irregular part-time teachers please record each month, or part month, on a separate line** - this will allow Teachers' Pensions to derive the contribution percentage that applied in the particular month. We have included a column where you can indicate the contribution percentage if you wish to.

**Note:**

Please ensure to submit the latest service and salary details before submitting the repayment form.

*(continued overleaf)*



**Part B: To be completed by the employer and returned without delay. (continued)**

**Certificate**

The certificate must be signed by a responsible officer of the Local Authority in respect of all maintained schools including both foundation and voluntary aided schools. In the case of other institutions, the certificate must be signed by a responsible officer or chairperson of the governing body. This cannot be a member of the teaching staff.

**1. Signature of authorised officer**

**2. Name of authorised officer** (in capital letters)

**3. Position**

**4. Telephone number** (inc. STD code and extn.)

**5. Date**

D	D	M	M	Y	Y	Y	Y
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**6. Name of contact for admin purposes** (in capital letters)

**7. Telephone number** (inc. STD code and extn.)

**8. Email address**

**9. Establishment address**





Postcode

**Note:**

**If the member is in multiple employment Teachers' Pensions will need a form completed and signed by each employer to be able to process the repayment claim.**

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