Date of receipt:



Repayment of pension contributions

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

Part A: To be comple	ted by the applicant in all case	es.	
Section 1: Personal deta	ils		
1. Teacher's reference	e number (example 99/99999)	8.	Contact address
2. Surname (one chara	cter per box)		
3. Former surname (if	any)		Postcode
		9.	Home telephone number (inc. STD code)
4. First name		10.	Mobile telephone number
5. Title (please cross '>	(', or state if other)	11.	Personal email address
Mr Mrs Mi	ss Ms Other		
6. Date of birth (DD/M	MM/YYYY)	12.	Last date of pensionable teaching employment in the Teachers' Pension Scheme (DD/MM/YYYY)
7. National Insurance	number		
Section 2: Payment deta	ils		
1. Full name and addre	ess of UK bank	5.	Name of account holder
		If ye	our bank is outside of the UK please provide the following:
		6.	IBAN/Bank and account codes
Postcode			
2. Branch sort code		7.	BIC/Swift code
3. Your bank / building	society account number		
4. Building society ref	erence number	8.	Full name and address of bank
			Postcode



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 am applying for repayment of my Teachers' Pension contributions.

Date (DD/MM/YYYY)

Signature

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. Home telephone number (inc. STD code)
- 3. Date (DD/MM/YYYY)

2. Contact address

4. Signature

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

Please return to us at:

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

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 pension contributions were paid by the teacher

Financial Year

Is the teacher on maternity leave with the right to return to work? (Please cross 'X')

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 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.

N	ot	6
	v	•

D	lasca ancura ta	submit the lates	t corvice and	calary dotails	hoforo cuhm	itting the rena	mont form

(continued overleaf)



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

Section 2: Employment details

1. Establishment number

/

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

/

3. Date of birth

Verified? Cross 'X'

Yes No

- 4. Last date of pensionable teaching
- 5. Please cross 'X' if member is an overseas teacher

Full time/ Part time Indicator (FT, PT, PTIC)	LA No.	Estab. No.	Start date (dd/mm/yy)	End date (dd/mm/yy)	Role Identifier	Full-time annual salary rate (£)	Part-time earnings (£)	Days excluded	Additional Pensionable payments (£)	Overtime (Gross Amount in £'s)	Withdrawal Indicator (W)
FT	123	4567	01/04/19	05/04/19	1/1	27,000					
FT	123	4567	06/04/	30/04/19	1/1	27,000					W
PTR	123	4567	01/05/19	31/05/19	2/1	25 70	1,000				
PTR	123	4567	01/06/19	30/06/19	2/1	25,000		30	F	50	W
PTIC	123	4567	01/07/19	31/07/19	3/1	25,000	500		100		

Full-time/Part-time Indicator - Full-time (FT), Part-time Regular (PTR) and Part-time Irregular (PTIC)

Start date and End date - both dates should be in the same calendar month

Role Identifier - this should be provided by MCR employers only and contain a forward slash separating the contract from the role (for example 1/1)

Part-time Earnings - should be the actual part-time earnings for the period stated in the service line

Days Excluded - should only be provided if the member has not worked in the period stated

Additional Pensionable Payments - include Bonus and Out of School Learning Activity (OSLA) payment

Overtime - paid in the service period stated

Withdrawn - a 'W' should be provided where the member has left the Role Identifier contract provided.



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

Full time/ Part time Indicator (FT, PT, PTIC) LAI	.No. Estab.No.	Start date (dd/mm/yy)	End date (dd/mm/yy)	Role Identifier	Full-time annual salary rate (£)	Part-time earnings (£)	Days excluded	Additional Pensionable payments (£)	Overtime (Gross Amount in £'s)	Withdrawal Indicator (W)



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. Name of authorised officer (in capital letters)
- 6. Email address

2. Position

- 7. Establishment address
- Telephone number (inc. STD code and extn.)
- 4. Name of contact for admin purposes (in capital letters)

Postcode

- **5. Telephone number** (inc. STD code and extn.)
- 8. Date (DD/MM/YYYY)
- 9. Signature of authorised officer

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.

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

Please return to us at:

Teachers' Pensions, 11b Lingfield Point, Darlington, DL11AX

www.teacherspensions.co.uk