

If you want to opt-out of partnership in order to switch to premium please complete this form and return to:-

Civil Service Pensions, Waterside House, 75 Duke Street, Londonderry, BT47 6FP

Declaration

- I would like to switch from my Partnership pension account to the Premium scheme.
- I confirm that I have read and understood the implications of switching to Premium from Partnership and that I will start to pay the 3.5% contributions as part of my Premium membership as soon as my switch has taken effect.
- I understand that I will be contracted-out of the State Second Scheme (S2P) and will pay lower National Insurance contributions.

Transfer Option

As you are switching to the Premium scheme, you have some options in relation to the pension you have built up in your partnership pension account. Please tick your preferred option.

I wish to leave my pension in my partnership pension account.

Please supply me with a quotation of how much service my partnership account fund will buy in the Premium scheme.

What next?

According to the rules of the PCSPS (NI) members are allowed to switch schemes on either 1st April or 1st October in any year and you must give your scheme administrator at least three months' notice.

Until the relevant date your partnership pension account will continue to operate and will be increased each month by your and/or the employer's contributions. You will continue to pay the higher contracted-in National insurance contributions.

After the switch to Premium:

- a) you will start to pay the 3.5% contributions to Premium,
- b) you will start to pay the lower contracted-out National Insurance contributions,
and
- c) any contribution that you had agreed to pay into your partnership pension account will cease.

Important Note

Provided you joined after 1st October 2002, you will have **one opportunity** to switch from a partnership pension account to the Premium scheme. You will also have **one opportunity** to switch back from the Premium scheme to a partnership pension account.

Signature: Date:

Full Name:
(Block Letters)

Date of Birth: Payroll Number:

Department Address:

