

# Tyne and Wear Pension Fund

Administered by South Tyneside Council

## Local Government Pension Scheme

### Application for Additional Regular Contributions (ARCS)

Please complete using black ink

#### Personal Details

Employer	
National Insurance Number	
Surname	
Forenames	
Home Address	
Contact Telephone Number	
E-mail address	

#### Extra Pension Details

How much extra pension would you like to buy? (In multiples of £250)		
Do you want to provide extra pension for your dependants?	Yes	No
When would you like your payments to start? <b>This date must be at least three months ahead to allow for medical approval, and arranging payment of your extra contributions with your employer.</b>	Month	Year
How long would you like to spread your payments over?	Years, at a cost of £.....per month or £.....per week (if you are paid weekly)	

**I am satisfied that I am in reasonable good health, and I agree to pay the cost of £40 for medical clearance to continue my application.**

**Signed.....Date.....**

**Print Name.....**

**Please note that any additional contributions paid before I receive medical clearance will be refunded to you, and the contract cancelled, should you fail to satisfy the medical requirements.**

Please complete this form and return it to:

The Pensions Office  
Tyne and Wear Pension Fund  
PO Box 143  
Hebburn  
NE31 2WT