

## **LOCAL GOVERNMENT PENSION SCHEME**

### **Warwickshire County Council Pension Fund**

#### **Purchase of Additional Pension (ARC's)**

**Name:**

**Address:**

**Date of Birth**

**Please complete the following statements: -**

I wish to purchase £\_\_\_\_\_ additional own pension.

I wish this to include dependents pension ☐ (*please tick if applicable*)

*This must be expressed in multiples of £250 and must not exceed £5000.*

I wish to purchase this over \_\_\_\_\_ years.

*This must be expressed in whole years and cannot exceed the period to age 65.*

I would like the deductions to start \_\_\_\_\_

*Please state the month and year you wish the deductions to start.*

I can confirm that as far as I know my current state of health will not prevent me from working until age 65 ☐ (*please tick if you agree*).

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

Please complete and return this form to:

Warwickshire County Council  
Treasury and Pensions  
Shire Hall  
Warwick  
CV34 4RL

*Please remember that your contribution rate is dependent on your age at date of first contribution.*