## Police Pension Scheme Remedy Choice Form

Personal details:	
Full name	
National Insurance Number	
Date of birth	
Email address	
Phone number	
Address	

## Remedy Choice Decision: Having reviewed the information provided in the Remediable Service Statement, I can confirm that my decision is: (Please choose one of the options below and then complete the declaration on the next page) I elect for Option 1: to have legacy scheme benefits paid in respect of membership within the remedy period. I elect for Option 2: to have reformed scheme benefits paid in respect of membership within the remedy period.

If I owe money (as shown on pages 9 and 10 of the Remediable Service Statement):	
I want to have the balance deducted from my pension benefits.	
I want to make a one off payment from my own funds.	

## Declaration:

Please read each of the statements below and if you agree, sign, date and return the form:

- ✓ I understand that the decision I have made for my choice of remedy benefits is an Irrevocable decision.
- ✓ I understand that unless I have requested a different commutation option, my choice for remedy benefits will be paid in line with my original commutation decision.
- ✓ I understand that interest will continue to accrue on the contributions I owe until such time as the balance is paid.
- ✓ I understand and agree that unless I specify something different, that the balance of anything I owe will be deducted from my lump sum and/or pension payments as necessary.
- ✓ I understand that if I have requested to pay any balance owing from my own funds, that my pension benefits will not be amended until the sum has been paid.
- ✓ I understand that I will be liable for declaring and discharging payment of any additional tax that may arise as a result of my remedy choice decision.

Full name (please print)	
Signature	
Today's date	

Return this form to:	
By Email to:	policepensions@cityoflondon.gov.uk
By Post to:	Pensions Office, The City of London, PO Box 270 Guildhall, London, EC2P 2EJ

