COMPENSATION CHOICE FORM (CCF 4)

Please put a cross in the box of your choice.

Name: «fma_FIRSTSURNAME» Member Number: «BASIC_MEMBNO»	
Choice 1:	Immediate compensation payment and preserved pension.
	I wish to take my compensation payment immediately. I wish to preserve my pension benefits for payment at my scheme's pension age.
Choice 2:	Immediate compensation payment and immediate pension on reduced terms (subject to the Guaranteed Minimum Pension test).
	I wish to take my compensation payment immediately. I also wish to take my pension benefits immediately and I understand that these benefits will be reduced for early payment (subject to the Guaranteed Minimum Pension test).
Choice 3:	Immediate payment of pension plus immediate payment of any balance of the compensation payment
	I wish to take my pension benefits immediately and use the compensation payment to buy out the reduction for early payment. I understand that if my compensation payment is insufficient to cover the cost, I will make a further payment to cover the shortfall. If I have more than sufficient compensation payment to buy out all of the reduction, I wish to be paid the balance as a lump sum payment immediately.
Choice 4:	Immediate payment of pension. Some or all of the compensation payment to be used to buy added pension.
	I wish to take my pension benefits immediately and use the compensation payment to buy out the reduction for early payment. I understand that if my compensation payment is insufficient to cover the cost, I will make a further payment to cover the shortfall.
	If I have more than sufficient compensation payment to buy out all of the reduction, I wish to use some or all of the balance of the compensation payment to buy added pension, and the remaining as compensation. I understand that this will be reduced for early payment. I enclose a print out of the added pension calculation showing the amount of pension I wish to buy. *

OR	(only available if you are aged 55 or over)
	I wish to take my pension benefits immediately and use the compensation payment to buy out the reduction for early payment. I understand that if my compensation payment is insufficient to cover the cost, I will make a further payment to cover the shortfall.
	If I have more than sufficient compensation payment to buy out all of the reduction, I wish to use some or all of the balance of the compensation payment to buy added pension, and the remaining as compensation. I wish to preserve the added pension for payment at scheme pension age. I enclose a print out of the added pension calculation showing the amount of pension I wish to buy.*
Choice 5:	Immediate compensation payment and pension reduced for early payment. Some or all of the compensation payment to be used to buy added pension (subject to Guaranteed Minimum Pension test).
	I wish to take my compensation payment and pension benefits immediately, and I wish to use some or all of the compensation payment to buy added pension. I understand that all these benefits will be reduced for early payment. I enclose a print out of the added pension I wish to buy.* I wish to be paid any balance of the compensation payment immediately.
OR	(only available if you are aged 55 or over)
	I wish to take my compensation payment and pension benefits immediately. I understand that these benefits will be reduced for early payment. I wish to use some or all of the compensation payment to buy added pension which I would like to preserve until scheme pension age. I enclose a print out of the added pension I wish to buy.* I wish to be paid any balance of the compensation payment immediately.
Choice 6:	Immediate compensation payment and preserve my pension. Some or all of the compensation payment to be used to buy added pension.
	I wish to take my compensation payment and preserve my pension benefits until my scheme's pension age and use some or all of the compensation payment to buy added pension. I understand that all these benefits will be paid at my scheme's pension age. I enclose a print out of the added pension I wish to buy. * I wish to be paid any balance of the compensation payment immediately.
* If you are completing forms electronically, please attach a copy of the calculation when you email the forms back to your employer.	
Name:	
Signature:	Date: