COMPENSATION CHOICE FORM (CCF 1)

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: Some or all of the compensation payment to be used to buy added pension.
I wish to use some or all of the compensation payment to buy added pension. I understand that these benefits will be paid at my scheme's pension age. I enclose a print out of the added pension calculation showing the amount of pension I wish to buy. *
* 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://