ASC12 **Additional Superannuation Contribution**

of ASC with compound interest.



Application for Refund To be completed in respect of a person who is seeking a refund of ASC, Ceased employment * and requesting a balancing mechanism to be carried out YES NO mid year. Ceased employment* during the year and is requesting a balancing mechanism ii. YES NO to be carried out at the end of the year. Ceased employment * in a previous year, requesting a balancing mechanism to iii. **YES** NO be carried out in respect of the relevant year. Ceased employment * with no current or future entitlement to a Public Service iv. pension, did not received a payment in lieu of pension and/or is not entitled to a gratuity at a later stage, in respect of this employment and is requesting a full refund of ASC. YES NO Ceased employment * in a previous year, is/has received additional pension remuneration in respect of that employment. Requesting balancing mechanism YES NO be carried out in respect to the additional payments. I declare that I do not intend to/did not take up further Public Service employment in the relevant year, following cessation of the employment referred to above. I also declare that I am not currently employed elsewhere in the Public Service in a pensionable position. On that basis I request that an annual balancing mechanism be carried out on my Public Service pensionable remuneration to date. I confirm that I have provided details of all my Public Service remuneration to date to my relevant employer I acknowledge that, in calculating my ASC liability to date, I have been allowed the full set of annual thresholds in the current/relevant year. I also acknowledge that, should I take up further Public Service pensionable employment in the current year, that I may have an underpayment of ASC as a result of being allowed the full set of annual thresholds. I acknowledge that I will be required to make good any underpayment which arises on re-employment. In respect to iv. above I acknowledge, should I be eligible to and wish to restore pension entitlement, I will be required to repay any refund

I certify the foregoing information to be correct, and I undertake to notify the Payroll Department at, immediately of any change affecting the details given above.		
Signature:	Date:	D D M M Y Y Y
NAME[in block capitals] :	PPS:	
Employer:	Payroll/Works Number:	

PLEASE COMPLETE THIS DECLARATION IN BLOCK CAPITALS **COPY TO BE RETAINED BY THE EMPLOYER**

*Ceased employment includes Retired, Resigned, End of contract or took a Career Break