

ASC12

**Additional Superannuation Contribution
Application for Refund**



To be completed in respect of a person who is seeking a refund of ASC,

i. Ceased employment * and requesting a balancing mechanism to be carried out mid year.

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

ii. Ceased employment * during the year and is requesting a balancing mechanism to be carried out at the end of the year.

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

iii. Ceased employment * in a previous year, requesting a balancing mechanism to be carried out in respect of the relevant year.

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|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

iv. Ceased employment * with no current or future entitlement to a Public Service 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 | |
|-----|--|----|--|

v. Ceased employment * in a previous year, is/has received additional pension remuneration in respect of that employment. Requesting balancing mechanism be carried out in respect to the additional payments.

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

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 of ASC with compound interest.

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:

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

NAME[in block capitals] : _____

PPS:

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|--|--|--|--|--|--|--|--|--|--|

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