

TO BE COMPLETED BY THE MEMBER

Once completed please return this form to your local HR department.

Member Details

Title: _____ Name: _____

Date of Birth: _____ National Insurance Number: _____

Please indicate the level of contributions you wish to pay. The rates below are as a percentage of your salary. If you decide to pay matched contributions, your employer will also increase their contribution up to a maximum of 3% of your salary dependent upon your length of service.

Basic Contributions

<u>Length of Service</u>	<u>Your Basic Contribution</u>	<u>Employer Basic Contribution</u>	<u>Please tick 1 box only</u>
0-5 Years	5%	5%	<input type="checkbox"/>
5-10 Years	5%	6%	<input type="checkbox"/>
More than 10 Years	5%	7%	<input type="checkbox"/>

Matched Contributions (paid in addition to your basic contributions)

<u>Length of Service</u>	<u>Your Matched Contribution</u>	<u>Employer Matched Contribution</u>	<u>Please tick 1 box only</u>
0-5 Years	2%	1%	<input type="checkbox"/>
5-10 Years	2%	1%	<input type="checkbox"/>
5-10 Years	3%	1.5%	<input type="checkbox"/>
5-10 Years	4%	2%	<input type="checkbox"/>
More than 10 Years	2%	1%	<input type="checkbox"/>
More than 10 Years	3%	1.5%	<input type="checkbox"/>
More than 10 Years	4%	2%	<input type="checkbox"/>
More than 10 Years	5%	2.5%	<input type="checkbox"/>
More than 10 Years	6%	3%	<input type="checkbox"/>

Additional Voluntary Contribution Rate

%

I am eligible to change my pension contribution level because: (please tick just 1 box)

- I am not a member of the salary sacrifice scheme
- I am making my annual change in the next payroll

I have experienced one of more of the below life events within the last month:

- birth or adoption of a child
- return from maternity or adoption leave
- start of marriage or civil partnership
- end of marriage, civil partnership or long-term relationship
- material change in partner or dependant's circumstances
- commencement of a period of long-term absence or secondment
- return from a period of long-term absence or secondment
- significant change in pay, working hours, job or contractual terms of employment
- joining or leaving the pension scheme
- reaching state retirement age
- reaching five years' pensionable service
- reaching ten years' pensionable service

Please outline the change in circumstances that has affected you and the timing of this in the box below:

I hereby request and authorise the Company to deduct the above pension contributions from my pay.

SIGNED: _____ DATE: _____

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Please tick just 1 box

- I am happy that the pension contribution can be changed in line with the Pension Salary Sacrifice Policy, allow change.
- This request cannot be authorised due to non-compliance with the Salary Sacrifice Pension Scheme

Briefly outline below the: