

Change in Contribution Rate Form

Defined Contribution (DC) Structure

PLEASE COMPLETE SECTIONS 1, 2 AND SIGN THE DECLARATION THEN PASS THE FORM TO YOUR EMPLOYER TO SIGN THEIR DECLARATION.

1. Your details

Full Name: _____

Membership Number: M

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

2. Change in contribution rate (tick one box only)

I wish to increase my contribution to the SHPS DC structure as follows:

Contribution Type	Current Rate Paid	New Rate Paid
Normal Contribution (see note 1 below)	%	%
Additional Voluntary Contribution (AVC)	%	%
Total	%	%

Note 1: Your normal contribution must be at least the minimum stipulated by your employer. If the rate you choose to pay is higher than the rate your employer allows as a normal contribution, the balance will be classed as an Additional Voluntary Contribution (AVC).

I wish to reduce my contribution to the SHPS DC structure as follows:

Contribution Type	Current Rate Paid	New Rate Paid
Normal Contribution (see note 1 below)	%	%
Additional Voluntary Contribution (AVC)	%	%
Total	%	%

Note 1: Your normal contribution must be at least the minimum stipulated by your employer. If the rate you choose to pay is higher than the rate your employer allows as a normal contribution, the balance will be classed as an Additional Voluntary Contribution (AVC).

I would like the change to be effective from 01/_____/_____.

Please note:

This must be the 1st of the month.

Your employer will confirm if this is possible.

The information on this form will be treated in the strictest confidence.
Personal data which is held will be processed in line with the Data Protection Act 1998.
The Data Controller is Verity Trustees Ltd.

Social Housing Pension Scheme

If you wish to amend your selected retirement date (SRD) or investment option, please complete the 'Switch Instruction Form', which is available to download from the SHPS DC website.

Please note:

Any AVCs paid must be invested in the same fund and allocation as your regular contributions.

EMPLOYEE'S DECLARATION

I confirm I wish to make the change detailed above to the pension contributions I pay to SHPS. I authorise deduction from my pay at the rate stated above.

Signed: _____ **Date:** ___/___/___

Full Name: _____

EMPLOYER'S DECLARATION

I acknowledge the application from the member to change the contributions they pay into SHPS (tick below):

- As a result of the change in the member's contribution, the employee's TOTAL contribution will change to ____%.
- As a result of the change in the member's contribution, the employer's TOTAL contribution will change to ____%.

I have advised payroll to make the appropriate changes to contributions from the effective date indicated in Section 2.

Signed: _____ **Date:** ___/___/___

Full Name: _____

Employer Number: E

Employer Name: _____



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The Pensions Trust