

Employee Application Form

Defined Contribution (DC) Structure

MEMBERSHIP NUMBER To be completed by The Pensions Trust: M

PLEASE COMPLETE SECTIONS 1 – 5 AND SIGN THE DECLARATION THEN PASS THE FORM TO YOUR EMPLOYER TO COMPLETE SECTION 6 AND SIGN THEIR DECLARATION.

1. Your details

Title: Mr Mrs Miss Ms other (please state): _____ Male Female

Surname: _____ Forename(s): _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Date of Birth: ____/____/____

Status: single married widow(er) divorced civil partner

National Insurance Number:

Please advise The Pensions Trust of any future changes of address or status.

What is your employer's name? _____

2. Previous pension arrangements

Have you ever previously been a member of The Pensions Trust? Yes No

If yes, please provide the Membership Number, if known: M

and the name of your previous employer: _____

Social Housing Pension Scheme

3. Lump sum death benefit

Please nominate below who you wish to receive the lump sum death benefit that is payable should you die before retirement whilst being a member of the Social Housing Pension Scheme (the Scheme). If you do not nominate someone now, you can make a nomination at a later date.

There is no limit to the number of beneficiaries. (See 'Notes' below.) Use an extra sheet if required.

Full Name: _____ Relationship: _____

Date of Birth: ___/___/___ Proportion: _____ %

Full Name: _____ Relationship: _____

Date of Birth: ___/___/___ Proportion: _____ %

Your proportions must add up to 100%.

Notes

You may change your nomination at any time. Please obtain a further form from The Pensions Trust if you wish to do so.

Lump sum death benefit

- (a) You may nominate any one or more persons or organisations to receive this benefit. You must use the name of a person or organisation and not your 'Estate' or the title 'Executor' or 'Administrator'.
- (b) Any nomination will be revoked automatically by the death of the person(s) nominated or by your later marriage, civil partnership, divorce or dissolution of a civil partnership. If you wish your original nomination to stand you must confirm this in writing to The Pensions Trust.
- (c) The Social Housing Pension Scheme (SHPS) Pensions Committee has discretion over who is to receive the benefit and, in exceptional circumstances, where no information is available, reserves the right to retain all or part of the value of the benefit within the assets of the Scheme.

4. Contribution rate

Please indicate the contribution rate you wish to pay. This must be at least the minimum your employer requires you to pay. Contributions must be a % of your pensionable earnings.

I wish to pay 'normal' contributions _____ %.

I understand my employer will pay contributions of _____ %.

I wish to pay Additional Voluntary Contributions of _____ %.

5. Investment choice

Selected Retirement Date (SRD)

Please indicate your intended retirement age which may be any date between ages 55 and 77: _____

Now, please choose EITHER A) Lifestyle Investment Option OR B) provide your own Investment Option (Selfstyle):

If no option is selected the Lifestyle Investment Option will apply.

A) Lifestyle Investment Option

Lifestyling provides automatic switching from funds with more risk, such as equities, to funds with less risk, such as bonds and cash, over the five year period up to your retirement.

If you are more than five years from your SRD and have selected the Lifestyle Investment Option your contributions will be invested in the Managed Fund. From five years before your SRD your existing fund and any new contributions will be automatically switched, in defined portions, into the Pre-Retirement Fund.

I wish the Lifestyle Investment Option to apply to my personal fund (please tick here) .

Social Housing Pension Scheme

OR B) Selfstyle Investment Option

I wish the Selfstyle Investment Option to apply to my personal fund and have indicated my selected investment funds below (please tick here) .

Managed Fund	<input type="checkbox"/>	_____%	Index-Linked Gilts Fund	<input type="checkbox"/>	_____%
Pre-Retirement Fund	<input type="checkbox"/>	_____%	Bond Fund	<input type="checkbox"/>	_____%
Socially Responsible Investment Fund	<input type="checkbox"/>	_____%	Property Fund	<input type="checkbox"/>	_____%
Global Equity Fund	<input type="checkbox"/>	_____%	Cash Fund	<input type="checkbox"/>	_____%

Your choices must add up to 100%.

Note: The return for each investment fund is directly related to the performance of the asset classes in which it is invested. The value of assets can go down as well as up. Past performance is not a guarantee of future performance.

EMPLOYEE'S DECLARATION

I hereby apply to become a member of SHPS with The Pensions Trust, and I agree to be bound by the terms and conditions of the Scheme as set out in the Trust Deed and Rules and the Scheme Document (these formal documents are available on request). I confirm that I have read the information regarding the defined contribution (DC) structure that is available on the SHPS DC website.

I understand the value of my fund is subject to market conditions and may go up or down depending on my investment choice and fund performance. I confirm that I have read the SHPS information provided and understand the risks associated with my chosen investment option(s).

I consent to the processing of the data included in this form and any further personal information supplied by me or my employer.

I authorise my employer to deduct pension contributions from my salary (if appropriate) in accordance with the Trust Deed and Rules and Scheme Document.

I confirm that these are my wishes at the date below and that if my circumstances change I will advise The Pensions Trust of this.

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

Full Name: _____

We may, from time to time include State Pension details along with your SHPS benefit details. In order that we can send you a pension forecast that includes information about your State Pension, we need to get some information about you from the Department for Work and Pensions (DWP). To get that information we need to disclose your personal details to the DWP.

The information we get from the DWP will be used only for the purposes of providing you with a forecast of your pension rights.

If you do not wish us to contact the DWP for this information, please tick this box .

As a result of this, the pension forecast you receive from us will not include State Pension information.

For further information, please refer to our website www.thepensionstrust.org.uk.

Social Housing Pension Scheme

EMPLOYERS ARE REQUIRED TO FULLY COMPLETE SECTION 6 AND SIGN THE DECLARATION.

6. Employer details

Name of Organisation: _____

Employer Reference Number:

Date employee joined employment: ____/____/____ Payroll Number: _____

Is the employee employed on a part-time basis? Yes No

If **Yes**: Contractual hours per week: _____ Standard full-time hours: _____

Date of joining the Scheme: ____/____/____ Annual Pensionable Salary: £ _____ p.a.

Please tick if employee is on overseas payroll:

Declaration for late entrants

This declaration is in respect of an employee applying to join the Scheme later than one year from becoming eligible to do so.

Has the employee completed three months' continuous service without absence through illness or injury immediately prior to the date they wish to join the Scheme? Yes No

If **No**, please provide details of the period(s) of absence and the reason. (Please use an additional sheet if required.) If the member has not completed three months' continuous service, the enrolment may be postponed until this criterion has been met. Should this be the case, you will be informed by The Pensions Trust.

Date(s) of absence:	Reason for absence:
_____ to _____	_____
_____ to _____	_____

Now please complete the declaration on page 5 and then send the completed form to The Pensions Trust.

Social Housing Pension Scheme

EMPLOYER'S DECLARATION

I certify that the applicant is an employee of our organisation and I agree to ensure that contributions are paid to The Pensions Trust on behalf of this employee.

I understand contributions must be received by The Pensions Trust within legal time limits and must not be deducted before I receive confirmation that the employee has been enrolled.

I confirm that the employee is to be enrolled into the DC structure operated by our organisation.

I confirm that Payroll have been informed to deduct the contributions at the stated rate.

Employer Contribution Rate: _____ %

Employee Normal Contribution Rate: _____ %

Employee Additional Voluntary Contribution rate _____ %

Signed: _____ **Date:** ____/____/____

Full Name: _____

Position: _____

Email: _____

The completed form should be sent to SHPS at the address below. Any queries please call 0845 608 5252 or email enquiries@thepensiontrust.org.uk



Administered by
The Pensions Trust