

Transfer to New Benefit Structure

Defined Benefit and Defined Contribution

ALL MEMBERS ARE REQUIRED TO SIGN AND COMPLETE SECTIONS 1 AND 3 AND RETURN THE FORM TO THEIR EMPLOYER. SECTION 2 SHOULD ONLY BE COMPLETED BY MEMBERS WHO HAVE SELECTED THE DEFINED CONTRIBUTION BENEFIT STRUCTURE IN SECTION 1. EMPLOYERS SHOULD COMPLETE SECTIONS 4 AND 5 AND RETURN THE FORM TO THE PENSIONS TRUST.

1. Your details

Full Name: _____

Membership Number: M

Address: _____

Postcode: _____

I wish to continue membership of the Social Housing Pension Scheme (SHPS), and I am applying to switch to the open benefit structure offered by my employer, indicated below (tick one box only):

Final Salary 1/60th Benefit Structure

CARE 1/60th Benefit Structure

Final Salary 1/70th Benefit Structure

CARE 1/80th Benefit Structure

Final Salary 1/80th Benefit Structure

Defined Contribution Benefit Structure

(if you have selected this option please complete section 2)

I wish the change of benefit structure to take effect from: ____/____/____ (the 'effective date' should be the first of a month).

I understand that the decision to move from one benefit structure to another cannot be reversed at a later date.

2. Investment choice (please complete this section only if your employer offers and you are applying to join the **Defined Contribution** benefit structure.)

Selected Retirement Date (SRD)

Please indicate your intended retirement age which may be any age between 55 and 75: _____

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 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.

3. Member's signature

Signed: _____ Date: ____/____/____

Full Name: _____

4. Employer details

Name of Organisation: _____

Employer Reference Number: E

I confirm the member has chosen to transfer into the benefit structure operated by our organisation as indicated below:

Final Salary 1/60th Benefit Structure	<input type="checkbox"/>	CARE 1/60th Benefit Structure	<input type="checkbox"/>
Final Salary 1/70th Benefit Structure	<input type="checkbox"/>	CARE 1/80th Benefit Structure	<input type="checkbox"/>
Final Salary 1/80th Benefit Structure	<input type="checkbox"/>	Defined Contribution Benefit Structure	<input type="checkbox"/>

I confirm the future service contribution rates are as shown and Payroll have been informed to amend the contributions payable.

Employer Future Service Contribution Rate: _____ %

Employee Future Service Contribution Rate: _____ %

5. Employer's signature

I certify that we, as the employer, agree to this member transferring to the benefit structure detailed above and agree to deduct contributions at the rate applicable to the new benefit structure from the effective date shown in section 1 overleaf.

Signed: _____ Date: ____/____/____

Full Name: _____

Position: _____



Administered by
The Pensions Trust