

Employee Application Form

(For new members on or after 1 June 2007)

MEMBERSHIP NUMBER To be completed by The Pensions Trust: <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EMPLOYEES ARE REQUIRED TO FULLY COMPLETE SECTIONS 1-4 AND SIGN THE 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: ____/____/____

Marital Status: single married widow(er) divorced civil partner

National Insurance Number:

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

2. Your choice

I have read the explanatory literature and confirm my choice of benefit and contribution level as follows (tick one box only):

Normal Retirement Age	CARE Benefit Basis	Employee Contribution Rate	Your Choice
65	1/60th	5.7%	<input type="checkbox"/>
65	1/70th	2.8%	<input type="checkbox"/>

The RCN Pension Scheme

3. Provision of Survivor's pension

You should complete the section below to make a nomination for the **Survivor's Pension**. If you do not nominate someone now, you can make a nomination at a later date.

Please see notes 2 and 3 overleaf, which explain your choice and who can receive the benefit.

Please indicate below who is to receive the **Survivor's Pension** on your death.

Name: _____

Relationship: _____ Date of Birth: ___/___/___

Address: _____

Postcode: _____

4. Lump sum death benefit

Please nominate below who you wish to receive this benefit. 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 note 1 on the last page.) Use an extra sheet if required.

Full Name: _____ Relationship: _____

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

Full Name: _____ Relationship: _____

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

EMPLOYEES DECLARATION

I hereby apply to become a member of the RCN Pension Scheme with The Pensions Trust, and I agree to be bound by the terms and conditions as set out in the Trust Deed and Rules and the Scheme Document (these formal documents are available on request).

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 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: _____

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

If you have ticked the above box, the pension forecast you receive from us will not include State Pension information.

For further information on the above, please refer to our website
www.thepensiontrust.org.uk

EMPLOYERS ARE REQUIRED TO FULLY COMPLETE THIS PAGE

5. Employer details

Date employee joined employment: ___/___/___ Staff Number: _____

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

Contractual hours per week: _____ Standard Full-time Hours: 35 hours per week

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

plus London Weighting (if applicable): £ _____ p.a.

Declaration for late entrants

This declaration is in respect of an employee applying to join the Scheme later than three months from becoming eligible to do so (Trust Deed and Rules: Common Rule 3.4 applies).

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 give details of the period(s) of absence and the reason. (Please use an additional sheet if required).

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

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 contacted by The Pensions Trust.

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.

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

Full Name: _____

Position: _____

Email: _____

The RCN Pension Scheme

Notes on the completion of your Nomination Form

1. Lump sum death benefit

- (a) You may nominate any one or more persons or organisations to receive this. 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) You may change your nomination at any time. Please obtain a further form from The Pensions Trust if you wish to do so.
- (d) If on your death there is no valid nomination, The Pensions Trust has discretion to pay the benefits to any eligible beneficiary but has the right to retain all or part of the value of the benefit within the assets of the Scheme.

2. Survivor's Pension

- (a) You do not have to nominate anyone now. If you wish to do so later or you wish to change your nomination, please contact The Pensions Trust.
- (b) Please provide us with the name of your nominated survivor. This pension may be shared in the circumstances of the following paragraph.
- (c) An amount equivalent to the Widow(er)'s Guaranteed Minimum Pension (GMP) (if any) and Reference Scheme Pension must be paid to a legal spouse or civil partner. Therefore, if you are legally married or have a legal civil partner you can allocate only the excess to someone other than your legal spouse or civil partner.
- (d) Any nomination will be revoked automatically by the death of the person 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.
- (e) As the choice of beneficiary has widened to the maximum permitted extent, it is important for you to exercise your right to nominate wherever possible. Eligibility will have to be confirmed before payment commences.
- (f) If on your death there is no valid nomination, The Pensions Trust has discretion to pay the benefits to any eligible beneficiary but has the right to retain all or part of the value of the benefit within the assets of the Scheme.

3. Who can receive the Survivor's pension?

- (a) Your spouse or civil partner.
- (b) Anyone who is financially dependant on you to more than a nominal extent or cohabiting with you and habitually sharing expenses.

**The completed form should be sent to the RCN Pension Scheme at the address below.
Any queries please call 0113 394 2735 or email enquiries@thepensionstrust.org.uk**



The Pensions Trust

Verity House, 6 Canal Wharf, Leeds LS11 5BQ Tel: 0113 234 5500 Fax: 0113 234 5599
Email: enquiries@thepensionstrust.org.uk or visit www.thepensionstrust.org.uk