

Internal Transfer Between Employers

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

If the break between leaving your former employer and joining your new employer exceeds 30 days, you should complete a SHPS Employee Application Form instead of an Internal Transfer Between Employers Form. If your pensionable earnings at your new employer are less than previous pensionable earnings, you may elect to join the Scheme as a new member. If so, you should complete a SHPS Employee Application Form instead of this form. If you wish to discuss what membership route is most applicable in your case, please contact the SHPS Administration Team on 0845 608 5252.

Full Name: _____

Membership Number: M

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

My previous employer was: _____ and

when I left on ___/___/___ I was a contributing member of the Social Housing Pension Scheme (SHPS).

I wish to continue membership of the Scheme with my new employer (named in section 4 below).

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

If you are currently a member of the Defined Contribution benefit structure and wish to retain your existing investment option, please tick here

If you want to change your investment option, please complete the rest of section 2.

Selected Retirement Date (SRD)

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

If you do not want to retain your existing investment option, 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.

Social Housing Pension Scheme

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)

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 certify that the person named in section 1 started work with this organisation on ____/____/____ on a pensionable salary of £ _____ p.a.

and is a: full-time employee part-time employee

If part-time, please state contractual hours per week _____ hrs and standard full-time equivalent hours per week _____ hrs.

Please tick the box if the employee is on overseas payroll Payroll Number: _____

I confirm that the employee is joining the benefit structure operated by our organisation as indicated below. Please tick one box only:

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"/>

Employer Future Service Contribution Rate: _____ %

Employee Future Service Contribution Rate: _____ %

Social Housing Pension Scheme

5. Employer's signature

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 internal transfer has been processed.

Signed: _____ Date: ____/____/____

Full Name: _____

Position: _____



Administered by
The Pensions Trust