



The CARE Scheme

Employee Application Form

Defined Benefit and Defined Contribution

MEMBERSHIP NUMBER To be completed by The Pensions Trust: 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"/>
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EMPLOYEES ARE REQUIRED TO FULLY COMPLETE SECTIONS 1-5 AND SIGN THE DECLARATION THEN PASS THE FORM TO THEIR EMPLOYER TO COMPLETE SECTION 6.

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.

Employer's Name: _____

Which structure of The CARE Scheme (the Scheme) are you applying to join? (Your employer will confirm which structure is open to you).

Please tick one box only: CARE defined benefit (DB) 80ths contracted-out structure *
 CARE defined benefit (DB) 100ths contracted-in structure *
 CARE defined contribution (DC) contracted-in structure †

* Please complete sections 2,3 and 4.
 † Please complete sections 2,3 and 5.

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 the employer: _____

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3. Lump sum death benefit (for all structures)

Please nominate below who you wish to receive the lump sum death benefit on your death. There is no limit to the number of beneficiaries. Use an extra sheet if required.

Full Name: _____ Relationship: _____

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

Full Name: _____ Relationship: _____

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

Full Name: _____ Relationship: _____

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

Total = 100%

Notes on the completion of your nomination(s) for the lump sum death benefit

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

4. Provision of Survivor's Pension (only complete this if you are joining one of The CARE Scheme's **DB** structures)

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.

The **Survivor's Pension** is payable for life unless you have nominated a child.

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

Name: _____

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

Address: _____

Postcode: _____

5. Investment choice (only complete this section if you are joining The CARE Scheme **DC** 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) .

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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%.

Please 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 The Pensions Trust's CARE Scheme.

I agree to be bound by the terms and conditions of The CARE Scheme as set out in the Trust Deed and Rules. I confirm that I have read The CARE Scheme 'A Guide for Members' booklet.

I authorise my employer to deduct the agreed pension contributions from my salary (if appropriate).

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

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 some of your personal information 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 provide the DWP with this information, please tick this box .

If you do this, the pension forecast you receive from us will not include State Pension information.

Should you change your mind at any time in the future, just contact us.

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

Name: _____

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EMPLOYERS ARE REQUIRED TO COMPLETE SECTION 6 AND SIGN THE DECLARATION OVERLEAF

6. Employer details

Name of Organisation: _____

Employer Reference Number: E

Normal Retirement Age: _____

Employer Contribution Rate: _____%

Employee Contribution Rate: _____%

Date employee joined employment: ____/____/____

Payroll Number: _____

Contractual hours per week: _____

Standard Full-time Hours: _____

Date of joining the Scheme: ____/____/____

Annual Pensionable Salary: £ _____ p.a.

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 (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.

Date(s) of absence

Reason for absence

_____ to _____

_____ 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.

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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 that 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 structure operated by our organisation as indicated below:

(Please tick one box only)

CARE DB 80ths CARE DB 100ths CARE DC

I confirm that the future service contribution rates are as shown and Payroll have been informed to deduct the contributions at the stated rate:

Employer Contribution Rate: _____ %

Employee Contribution Rate: _____ %

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

Full Name: _____

Position: _____

Email: _____



The Pensions Trust

Verity House, 6 Canal Wharf, Leeds LS11 5BQ Tel: 0113 394 2553 Fax: 0113 234 5599

Email: enquiries@thepensiontrust.org.uk or visit www.thepensiontrust.org.uk