



Ethical Fund

# Employee Application Form

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 – 3 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: \_\_\_/\_\_\_/\_\_\_

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. Previous pension arrangements

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

If yes, please give membership number, if known: M

and the name of the employer: \_\_\_\_\_

# Ethical Fund

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## 3. Death Benefits and/or Dependants' Pensions

Note: The cost of providing additional lump sum cover and/or dependants' pensions is deducted from contributions and increases with age. The more cover you provide, the less benefit you will secure for yourself, therefore, you may wish to review your death benefit provision from time to time.

### Death Benefits – before retirement (Lump Sum)

A return of the value of your units is payable on death. Please indicate the level of life cover you require by ticking the appropriate box.

1 x salary     2 x salary     3 x salary     4 x salary     no lump sum

### Dependants' Pensions

Please tick this box if you are interested in receiving information on providing a pension for your survivor and/or children should you die

The Pensions Trust will contact you shortly with further details.

### Payment of lump sum death benefits

Please nominate below who you wish to receive the lump sum benefit on your death. 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: \_\_\_\_\_ %

### Notes on death benefits

#### I. 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) The Pensions Trust 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 Fund.

## EMPLOYEE'S DECLARATION

**I hereby apply to become a member of The Pensions Trust Ethical Fund, and** I agree to be bound by the terms and conditions of the Ethical Fund (EF) as set out in the Trust Deed and Rules. I confirm that I have read the Ethical Fund 'A Guide for Members' and understand that the value of my units may increase or decrease.

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 the agreed pension contributions from my salary (if appropriate).

**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   
As a result of this, 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](http://www.thepensiontrust.org.uk)**

## EMPLOYERS ARE REQUIRED TO FULLY COMPLETE THIS PAGE

### 4. 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 Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Pensionable Salary: £\_\_\_\_\_ pa

### Declaration for late entrants

This declaration is in respect of an employee applying to join the Fund 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 Fund? 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 completed form should be sent to the Money Purchase Team at the address below.  
Any queries please call 0113 234 5500 or email [enquiries@thepensiontrust.org.uk](mailto:enquiries@thepensiontrust.org.uk)



The Pensions Trust

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Email: [enquiries@thepensiontrust.org.uk](mailto:enquiries@thepensiontrust.org.uk) or visit [www.thepensiontrust.org.uk](http://www.thepensiontrust.org.uk)