



Unitised Ethical Plan

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: _____

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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 also want to provide for pensions for your survivor and/or children should you die

The Pensions Trust will contact you shortly for details of your nominated beneficiaries.

EMPLOYEE'S DECLARATION

I hereby apply to become a member of The Pensions Trust Unitised Ethical Plan, and I agree to be bound by the terms and conditions of the Unitised Ethical Plan (UEP) as set out in the Trust Deed and Rules. I confirm that I have read the Unitised Ethical Plan 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**

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EMPLOYERS ARE REQUIRED TO FULLY COMPLETE THIS PAGE

4. Employer details

Name of Organisation: _____

Employer Reference Number: 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 Plan later than one year from becoming eligible to do so (Trust Deed and Rules: Common Rule 3.4 applies).

Has the employee completed 3 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 3 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: _____

The completed form should be sent to the Money Purchase Team at the appropriate address below.

Any queries please call 0131 341 1200 or email enquiries@thepensionstrust.org.uk



The Pensions Trust