



CARE (Career Average Revalued Earnings)

Employee Application Form

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

EMPLOYEES ARE REQUIRED TO FULLY COMPLETE SECTIONS 1-5 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: _____

3. Allocated Surplus

Any allocated surplus will be invested in the Flexible Retirement Plan. There are a number of investment options available within the Plan:

Managed Fund; Pre-Retirement Fund; Socially Responsible Investment Fund; Global Equity Fund; Property Fund; Bond Fund; Index Linked Gilts Fund; Cash Fund.

All the funds are directly linked to the performance of underlying assets. You should be aware that the value of your fund might fall as well as rise.

Details of the Flexible Retirement Plan and the individual investment funds can be found on our website www.thepensiontrust.org.uk.

We will write to you prior to any distribution of a surplus for your decision on which fund you wish the surplus to be invested.

4. 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.

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. Lump sum death benefit

Please nominate below who you wish to receive the lump sum 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

EMPLOYEE'S DECLARATION

I hereby apply to become a member of The Pensions Trust Career Average Revalued Earnings (CARE) Pension Scheme.

I agree to be bound by the terms and conditions of the Career Average Revalued Earnings (CARE) Pension 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: _____

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: £ _____ pa

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.

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.

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

Full Name: _____

Position: _____

Email: _____

**The completed form should be sent to the CARE Section at the address below.
Any queries please call the number below or email enquiries@thepensiontrust.org.uk**



The Pensions Trust

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