

# Transfer to New Benefit Option

PLEASE COMPLETE THE MEMBER SECTION AND RETURN TO YOUR EMPLOYER.

Member details (to be completed by the member)

Member's name: \_\_\_\_\_

Membership number: M

Member's address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

I wish to continue membership of the Scheme but switch to the new benefit option chosen by my employer.

I wish the change of benefit option to take effect from 1 April 2008.

I understand the decision to move from one benefit option to another cannot be reversed at a later date.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer details (to be completed by the employer)

Name of Organisation: \_\_\_\_\_

Employer Reference Number: E

Please indicate your new benefit option (by ticking one of the boxes below):

**Benefit Option 2**

CARE with 1/60th accrual

**Benefit Option 3**

CARE with 1/70th accrual

I certify that we, as the employer, agree to this member transferring to the benefit option detailed above and agree to deduct contributions on the rate applicable to the new benefit option as advised by The Pensions Trust.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Full Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

The information on this form will be treated in the strictest confidence.  
 Personal data which is held will be processed in line with the Data Protection Act 1998.  
 The Data Controller is Verity Trustees Ltd.

