

## Scottish Housing Associations' Pension Scheme

# 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 Scottish Housing Associations' Pension Scheme but switch to an alternative benefit option offered by my employer.

I wish the change of benefit option to take effect from 1st / \_\_\_ / \_\_\_.

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 1**

Final Salary with 1/60th accrual

**Benefit Option 2**

CARE with 1/60th accrual

**Benefit Option 3**

CARE with 1/70th accrual

**Benefit Option 4**

CARE with 1/80th accrual

**Benefit Option 5**

CARE with 1/120th 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.

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.



Administered by  
The Pensions Trust

The Pensions Trust, Verity House, 6 Canal Wharf, Leeds LS11 5BQ Tel: 0113 394 2735 Fax: 0113 234 5599  
Email: enquiries@thepensiontrust.org.uk or visit www.thepensiontrust.org.uk www.shaps.org.uk