

Flexible Retirement Plan eBusiness Contact Details

Under The Pensions Trust's Online Pensions Management system (eBusiness), employers are able to complete multiple tasks on-line. These include the submission of pension contributions, leaver processing, and, where applicable, internal transfers and enrolments. In some organisations one person may have responsibility for all of these tasks, in others several staff may be involved and each will require their own login account with appropriate permissions.

Please complete the contact details below so that we can set up the login accounts necessary to meet your requirements. Each contact will be issued with login details that are specifically for their own use, these must not under any circumstances be disclosed to others. Details of your responsibilities regarding the security of login details are covered in the eBusiness Terms and Conditions that your organisation has agreed to. If for any reason your contact details need amending, for example due to changes in staff, you must inform us so we can make the necessary amendments.

Employer Name and Number: _____ Date: _____

Primary Contact

Full Contact Name: _____ Title: (Mr/Mrs/etc) _____

Position: _____ Department: _____

Address: _____

_____ Postcode: _____

Direct Email: _____ Direct Telephone Number: _____

Permissions: Contributions / Leavers / Enrolments / Internal Transfers **(delete as applicable)**

Secondary Contact

Full Contact Name: _____ Title: (Mr/Mrs/etc) _____

Position: _____ Department: _____

Address: _____

_____ Postcode: _____

Direct Email: _____ Direct Telephone Number: _____

Permissions: Contributions / Leavers / Enrolments / Internal Transfers **(delete as applicable)**

Secondary Contact (if applicable)

Full Contact Name: _____ Title: (Mr/Mrs/etc) _____

Position: _____ Department: _____

Address: _____

_____ Postcode: _____

Direct Email: _____ Direct Telephone Number: _____

Permissions: Contributions / Leavers / Enrolments / Internal Transfers **(delete as applicable)**

Secondary Contact (if applicable)

Full Contact Name: _____ Title: (Mr/Mrs/etc) _____

Position: _____ Department: _____

Address: _____

_____ Postcode: _____

Direct Email: _____ Direct Telephone Number: _____

Permissions: Contributions / Leavers / Enrolments / Internal Transfers **(delete as applicable)**

Please return your form either via email to WITTeam@thepensiontrust.org.uk or via post WIT Team, The Pensions Trust, Verity House, 6 Canal Wharf, Leeds LS11 5BQ.