



Unitised Ethical Plan

Employer Application Form

This form will enable your organisation to participate in the Unitised Ethical Plan operated by The Pensions Trust for your employees. **Please complete all the sections and return it to your contact in the New Business Team.**

EMPLOYER'S DECLARATION

To Verity Trustees Ltd (The Trustee of The Pensions Trust)

WE _____ HEREBY APPLY to become an Employer participating in the _____ Scheme/Plan as from ____/____/____

and in consideration of such admission WE HEREBY UNDERTAKE AND AGREE to observe and perform all of the provisions of the Trust Deed and Rules and agree that such provisions shall be binding on us. Additionally, we undertake to advise the Trustee, in writing, immediately on going into liquidation, receivership or administration, becoming bankrupt or if a change of ownership or restructuring takes place and also if any other event occurs relating to the employer which may be of material significance to the Trustee or their advisers.

WE understand that we will be required to pay a levy towards the cost of an insurance policy against the risk of any fine or penalty being imposed on the Trustee.

WE further understand that all due contributions must be received by The Pensions Trust within the stipulated legal time limit and The Pensions Trust will not be responsible for any penalty imposed by regulatory authorities for failure to do so.

Signed: _____ **Name:** _____

Position: _____ **Date:** ____/____/____

Unitised Ethical Plan

Employer's details

Full Name of Employer: _____

Alternative Name (if required): _____

Address: _____

Postcode: _____ Website: _____

General Email: _____

General Telephone Number: _____

General Fax Number: _____

Chief Executive details

Full Name of Chief Executive: _____ Title (Mr/Mrs/Miss/Ms): _____

Address: _____

Postcode: _____ Direct Email: _____

Direct Telephone Number: _____

Direct Fax Number: _____

Primary Admin Contact details

Full Contact Name: _____ Title (Mr/Mrs/Miss/Ms): _____

Position: _____ Department: _____

Address: _____

Postcode: _____ Direct Email: _____

Direct Telephone Number: _____

Direct Fax Number: _____

Contribution Returns details – if different to above

Full Contact Name: _____ Title (Mr/Mrs/Miss/Ms): _____

Position: _____ Department: _____

Address: _____

Postcode: _____ Direct Email: _____

Direct Telephone Number: _____

Direct Fax Number: _____

Employer information

Nature of business: _____

Is the Employer:

A Registered Charity Yes No Registration No: _____

A Limited Company Yes No Registration No: _____

A Company Limited by Guarantee Yes No Registration No: _____

An Industrial & Provident Society Yes No Registration No: _____

If you are unable to answer **yes** to one of the above, please provide details of the nature of your business, e.g. your Memorandum and Articles of Association or statement of business aims.

The financial year end is: ____/____/____

Please give details of your own district Inspector of Taxes for PAYE

Name of Tax District: _____

Address: _____

Postcode: _____ Ref No: _____

Please give details of your local Inspector of Taxes for Schedule D and Corporation Tax (if applicable), NOT PAYE OFFICE.

Name of Tax District: _____

Address: _____

Postcode: _____ Ref No: _____

Are you associated with any other organisation and if yes, what is the relationship and who is the parent company?

Membership information

Approximate number of employees who will be eligible to join The Unitised Ethical Plan:

Full-time _____ Part-time _____ Non-eligible _____ Eligibility Period _____

Approximate pensionable salary of highest-paid eligible employee £ _____ pa.

Month of Annual Salary Review _____

Are any of the proposed eligible employees currently NOT "actively at work" Yes No

Proposed Contributions

Employer: Fixed _____ %

Employee: Fixed _____ % or Variable _____ % to _____ %

PLEASE SEE THE 'OTHER SCHEME INFORMATION' ON THE REVERSE OF THIS FORM.

