

Employee Application Form

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

EMPLOYEES ARE REQUIRED TO FULLY COMPLETE SECTIONS 1-4 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: _____

SFHA Pension Scheme

3. 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 – notes 2 and 3 overleaf give further information. Additionally, **Children's Pensions** will be paid to any eligible child(ren) for as long as they are entitled to them under the Scheme rules.

Please see notes 2 and 3 overleaf, which explain your choice and who can receive the benefit. Please indicate below who is to receive the **Survivor's Pension** on your death.

Name: _____

Relationship: _____ Date of birth: ____/____/____

Address: _____

Postcode: _____

4. Lump sum death benefit

Please nominate below who you wish to receive this benefit. If you do not nominate someone now, you can make a nomination at a later date.

There is no limit to the number of beneficiaries. (See note 1 on the last page.) Use an extra sheet if required.

Full Name: _____ Relationship: _____

Date of birth: ____/____/____ Proportion: _____%

Full Name: _____ Relationship: _____

Date of birth: ____/____/____ Proportion: _____%

EMPLOYEE'S DECLARATION

I hereby apply to become a member of the SFHA Pension Scheme with The Pensions Trust, and I agree to be bound by the terms and conditions of the SFHA Pension Scheme as set out in the Trust Deed and Rules and the Scheme Document (these formal documents are available on request). I confirm that I have read the SFHA Pension Scheme Guide for Members.

I consent to the processing of the data included in this form and any further personal information supplied by me or my employer.

I authorise my employer to deduct pension contributions from my salary (if appropriate) in accordance with the Trust Deed and Rules and Scheme documents.

I confirm that these are my wishes at the date below and that if my circumstances change I will advise The Pensions Trust of this.

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

Full Name: _____

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 your personal details 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 contact the DWP for this information, please tick this box
As a result of this, the pension forecast you receive from us will not include State Pension information.

For further information on the above, please refer to our website www.thepensiontrust.org.uk

EMPLOYERS ARE REQUIRED TO FULLY COMPLETE THIS PAGE.

5. Employer details

Name of Organisation: _____

Employer Reference Number:

Employer Contribution Rate: _____% Employee Contribution Rate: _____%

Date employee joined employment: ___/___/___ Payroll Number: _____

Is the employee employed on a part time basis? Yes No

Contractual hours per week: _____ Standard Full-time Hours: _____

Date of joining the Scheme: ___/___/___ Annual Pensionable Salary: £ _____ pa

Please tick if employee is on overseas payroll:

Declaration for late entrants

This declaration is in respect of an employee applying to join the Plan later than one year from becoming eligible to do so (Trust Deed and Rules: Common Rule 3.4 applies).

Has the employee completed 3 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. (Please use an additional sheet if required).

Date(s) of absence	Reason for absence
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____

If the member has not completed 3 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 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: _____

SFHA Pension Scheme

Notes on the completion of your nomination form

1. Lump sum death benefit

- (a) 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'.
- (b) 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.
- (c) You may change your nomination at any time. Please obtain a further form from The Pensions Trust if you wish to do so.
- (d) The SFHA Pension Scheme Committee has discretion over who is to receive the benefit and, in exceptional circumstances, where no information is available, reserves the right to retain all or part of the value of the benefit within the assets of the Scheme.

2. Survivor's Pension

- (a) You do not have to nominate anyone now. If you wish to do so later or you wish to change your nomination, please contact The Pensions Trust.
- (b) Please provide us with the name of your nominated survivor. This pension may be shared in the circumstances of the following paragraph.
- (c) An amount equivalent to the Widow(er)'s Guaranteed Minimum Pension (GMP) (if any) and Reference Scheme Pension must be paid to a legal spouse or civil partner. Therefore, if you are legally married or have a legal civil partner you can allocate only the excess to someone other than your legal spouse or civil partner.
- (d) Any nomination will be revoked automatically by the death of the person 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.
- (e) As the choice of beneficiary has widened to the maximum permitted extent, it is important for you to exercise your right to nominate wherever possible. Eligibility will have to be confirmed before payment commences.
- (f) If on your death there is no valid nomination, the SFHA Pension Scheme Committee has discretion to pay the benefits to any eligible beneficiary but has the right to retain all or part of the benefit within the Scheme.
- (g) If on retirement you have no nominee and do not wish to name one, then you may either retain the right to do so, or your pension can be enhanced.

3. Who can receive the Survivor's Pension?

- (a) Your spouse or civil partner.
- (b) Anyone who lives with you and shares the living expenses or anyone who is largely financially dependent on you. A child may only be nominated as detailed below.
- (c) You may nominate a child (of any age) who is disabled and is unable to earn a living (in this case the child would be paid the survivor's pension, but not the child's pension).
- (d) You may nominate a dependent child to receive the survivor's pension only up to the date he or she ceases to be treated as a "Child" as described in the Trust Deed and Rules (in this case the child would be paid the survivor's pension, but not the child's pension).

The completed form should be sent to the Final Salary Team at the address below. Any queries please call 0131 341 1235 or email efs@thepensionstrust.org.uk

