

# Employee Application Form

## Defined Benefit and Defined Contribution

MEMBERSHIP NUMBER To be completed by The Pensions Trust: M

**EMPLOYEES ARE REQUIRED TO FULLY COMPLETE SECTIONS 1 – 5 AND SIGN THE DECLARATION THEN PASS THE FORM TO YOUR EMPLOYER TO COMPLETE SECTION 6.**

### 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.**

What is your employer's name? \_\_\_\_\_

What benefit structure are you applying to join (your employer will confirm which benefit structure(s) are open to you)?

Please tick one box only:

|  |                          |                                    |
|--|--------------------------|------------------------------------|
| Final Salary 1/60th Benefit Structure  | <input type="checkbox"/> | (please complete sections 2, 3, 4) |
| Final Salary 1/70th Benefit Structure  | <input type="checkbox"/> | (please complete sections 2, 3, 4) |
| Final Salary 1/80th Benefit Structure  | <input type="checkbox"/> | (please complete sections 2, 3, 4) |
| CARE 1/60th Benefit Structure          | <input type="checkbox"/> | (please complete sections 2, 3, 4) |
| CARE 1/80th Benefit Structure          | <input type="checkbox"/> | (please complete sections 2, 3, 4) |
| Defined Contribution Benefit Structure | <input type="checkbox"/> | (please complete sections 2, 3, 5) |

### 2. Previous pension arrangements

Have you ever previously been a member of The Pensions Trust? Yes  No

If yes, please provide the Membership Number, if known: M

and the name of your previous employer: \_\_\_\_\_

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## 3. Lump sum death benefit (for all benefit structures)

Please nominate below who you wish to receive the lump sum benefit that is payable should you die before retirement whilst a member of the Scheme. 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 page 4.) Use an extra sheet if required.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Proportion: \_\_\_\_\_ %

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Proportion: \_\_\_\_\_ %

Your proportions must add up to 100%.

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## 4. Provision of survivor's pension (only complete this section if you are joining the **Final Salary** and **CARE** benefit structures.)

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. 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. Notes 2 and 3 on page 4, explain who can receive the benefit.

I wish to nominate the person detailed below to receive the **survivor's pension**:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

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

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## 5. Investment choice (only complete this section if you are joining the **Defined Contribution** benefit structure.)

### Selected Retirement Date (SRD)

Please indicate your intended retirement age which may be any age between 55 and 75: \_\_\_\_\_

**Now, please choose EITHER A) Lifestyle Investment Option OR B) provide your own Investment Option (Selfstyle):**

If no option is selected the Lifestyle Investment Option will apply.

### A) Lifestyle Investment Option

Lifestyling provides automatic switching from funds with more risk, such as equities, to funds with less risk, such as bonds and cash, over the five year period up to retirement.

If you are more than five years from your SRD and have selected the Lifestyle Investment Option your contributions will be invested in the Managed Fund. From five years before your SRD your existing fund and any new contributions will be automatically switched, in defined portions, into the Pre-Retirement Fund.

**I wish the Lifestyle Investment Option to apply to my personal fund (please tick here)**

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## OR B) Selfstyle Investment Option

I wish the Selfstyle Investment Option to apply to my personal fund and have indicated my selected investment funds below (please tick here)

|                                      |                          |        |                         |                          |        |
|--------------------------------------|--------------------------|--------|-------------------------|--------------------------|--------|
| Managed Fund                         | <input type="checkbox"/> | _____% | Index-Linked Gilts Fund | <input type="checkbox"/> | _____% |
| Pre-Retirement Fund                  | <input type="checkbox"/> | _____% | Bond Fund               | <input type="checkbox"/> | _____% |
| Socially Responsible Investment Fund | <input type="checkbox"/> | _____% | Property Fund           | <input type="checkbox"/> | _____% |
| Global Equity Fund                   | <input type="checkbox"/> | _____% | Cash Fund               | <input type="checkbox"/> | _____% |

Your choices must add up to 100%.

Note: The return for each investment fund is directly related to the performance of the asset classes in which it is invested. The value of assets can go down as well as up. Past performance is not a guarantee of future performance.

### EMPLOYEE'S DECLARATION

I hereby apply to become a member of the Social Housing Pension Scheme (SHPS) with The Pensions Trust, and I agree to be bound by the terms and conditions of the 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 SHPS 'A Guide for Members' booklet applicable to the benefit structure I am joining.

For employees joining the Defined Contribution benefit structure: I understand the value of my fund is subject to market conditions and may go up or down depending on my investment choice and fund performance. I confirm that I have read the SHPS information provided and understand the risks associated with my chosen investment option(s).

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 Document.

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

We may, from time to time include State Pension details along with your SHPS benefit details. 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, please refer to our website [www.thepensiontrust.org.uk](http://www.thepensiontrust.org.uk)**

# Social Housing Pension Scheme

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## Notes on the completion of sections 3 and 4

You may change your nomination at any time. Please obtain a further form from The Pensions Trust if you wish to do so.

### **1. Lump sum death benefit** (for all benefit structures)

- (a) You may nominate any one or more persons or organisations to receive this benefit. 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) The SHPS Pensions 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** (for Final Salary and CARE benefit structures only)

- (a) Please provide us with the name of your nominated survivor. This pension may be shared in the circumstances described in the following paragraph.
- (b) An amount equivalent to any Reference Scheme Pension as a consequence of you being contracted-out of the State Second Pension during your membership of the Scheme, 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.
- (c) 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.
- (d) 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 be confirmed before payment commences.
- (e) If on your death there is no valid nomination, the SHPS Pensions 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.
- (f) 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 give up part of the survivor's pension and receive an enhanced pension yourself. Details of the enhanced pension option will be provided at retirement.

### **3. Who can receive the survivor's pension?** (for Final Salary and CARE benefit structures only)

- (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. No other child's pension can be paid at the same time.

# Social Housing Pension Scheme

**EMPLOYERS ARE REQUIRED TO FULLY COMPLETE SECTION 6 AND SIGN THE DECLARATION.**

## 6. Employer details

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

Employer Reference Number:

Date employee joined employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payroll Number: \_\_\_\_\_

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

If **Yes**: Contractual hours per week: \_\_\_\_\_ Standard full-time hours: \_\_\_\_\_

Date of joining the Scheme: \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Pensionable Salary: £ \_\_\_\_\_ p.a.

Please tick if employee is on overseas payroll:

### Declaration for late entrants

This declaration is in respect of an employee applying to join the Scheme later than one year from becoming eligible to do so.

Has the employee completed three 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 provide details of the period(s) of absence and the reason. (Please use an additional sheet if required.) If the member has not completed three months' continuous service, the enrolment may be postponed until this criterion has been met. Should this be the case, you will be informed by The Pensions Trust.

Date(s) of absence

Reason for absence

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Now please complete the declaration on page 6 and then send the completed form to The Pensions Trust.

# Social Housing Pension Scheme

## 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.**

I confirm that the employee is to be enrolled into the benefit structure operated by our organisation as indicated below:

Please tick one box only:

Final Salary 1/60th Benefit Structure

CARE 1/60th Benefit Structure

Final Salary 1/70th Benefit Structure

CARE 1/80th Benefit Structure

Final Salary 1/80th Benefit Structure

Defined Contribution Benefit Structure

I confirm the future service contribution rates are as shown and Payroll have been informed to deduct the contributions at the stated rate.

Employer Future Service Contribution Rate: \_\_\_\_\_ %

Employee Future Service Contribution Rate: \_\_\_\_\_ %

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

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

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

**Email:** \_\_\_\_\_

**The completed form should be sent to SHPS at the address below. Any queries please call 0845 608 5252 or email [enquiries@thepensiontrust.org.uk](mailto:enquiries@thepensiontrust.org.uk)**



Administered by  
The Pensions Trust