

Employer Application Form

This form will enable your organisation to participate in the SFHA Pension Scheme, 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 SFHA Pension Scheme 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, where applicable, the Scheme Document relating to the Scheme and the relevant code of practice 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.

WE further understand that we are joining a multi-employer defined benefit scheme and therefore we may be liable for cessation debt under Section 75 of the Pensions Act 1995 if we cease to participate in the Scheme.

The Pensions Committee exercises certain powers on behalf of the Trustee and also has a role in representing Scheme employers and members. We hereby agree as follows:

1. To the extent that we would otherwise have any power or right in respect of the Scheme under the Pensions Acts 1995 and 2004, the power or right will be exercisable by the Committee and not by us. In particular, we nominate the Committee as our representative for the purpose of s229 Pensions Act 2004 (consultation as to the valuation of the Scheme's liabilities, the Scheme's statement of funding principles and schedule of contributions, and any recovery plan required under the Act).
2. Under the terms of the Scheme, certain powers which (in the absence of a Pensions Committee) would be exercisable by the employers will be exercisable by the Committee and not by the employers. This means that the Committee, as our representative, will be responsible for consulting and reaching agreement with the Trustee as to the Scheme's investment strategy and as to any changes to the Scheme.
3. In exercising any power and in acting as our representative, we agree that the Committee may act as it thinks fit. It will have regard to such information as it has as to the wishes and circumstances of employers, but will not be required to seek such information from the employers. However, where any material change to the Scheme is proposed, the Committee will consult with the employers. The Committee will also act as a conduit for the employers' views in respect of any changes which they may think desirable.
4. As described above, the Committee exercises certain powers on behalf of the Trustee – in particular, the power to set contributions. In exercising those powers, the Committee will act in a trustee capacity and so (broadly) in the best interests of Scheme beneficiaries rather than Scheme employers.
5. Under the Pensions Act 2004, the employer is required to notify The Pensions Regulator if certain 'notifiable events' occur in relation to the employer. We undertake that if such an event occurs, we will also notify The Pensions Trust.

Signed: _____ **Name:** _____

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

SFHA Pension Scheme

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 from 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 Pensions Trust:

Full-time: _____ Part-time: _____ Non-eligible: _____ Eligibility period: _____

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

Month of annual salary review: _____

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

Proposed Benefit Option: Final Salary with 1/60th accrual

CARE with 1/60th accrual

CARE with 1/70th accrual

Proposed Contributions:

Employer: Fixed _____ %

Employee: Fixed _____ %

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

