

Application Form (Non Automatic Entry)

DC Scheme



Pension Funds

Employee Information

To be completed by the Employee (and returned to the Personnel Department)

Section A – Personal Details

Miss/Mrs/Ms/Mr/Other: _____ Surname: _____

Forenames: _____ Sex: Male/Female (delete as applicable)

Date of Birth: _____ Original Birth Certificate/Passport attached: Yes/No (delete as applicable)

Marital Status: Married/Divorced/Single/Civil Partnership Original Marriage/Registration Certificate attached: Yes/No (delete as applicable)

Address: _____

Post Code: _____

Email: _____

(Your email address is not passed onto any third parties and will only be used for the purpose of administering your pension benefits)

Section B – Investment Choice

There are a number of investment funds available for you to choose to invest your contributions and those paid on your behalf by your Employer. To select which fund(s) you would like your pension contributions to be invested in **please complete an 'Investment Choice Form' found in the Document Library of the ITB-Online website and attach it to this application form.**

If you do not complete an Investment Choice Form your contributions will automatically be invested according to the ITB Default Option until an Investment Choice Form is received from you by the Funds' Office.

Section C – Member declaration

I hereby apply for membership of the Scheme and I declare that to the best of my knowledge and belief the particulars given by me are true. I agree to be bound in all respects by the Scheme Rules for the time being in force, and I agree to produce evidence of age as required and to the deduction of the appropriate contributions from my salary.

By signing this Application Form, you agree to join the Scheme and agree to contributions being deducted at the rate notified to you and which may vary from time to time. Membership of the Scheme is subject to the terms of the Scheme including terms which allow the Scheme to be amended or terminated.

The Trustees are the data controller in respect of the personal data they collect about you for the purposes of the data protection legislation. The personal data the Trustees hold will be used by the Trustees and third parties to whom the Trustees disclose the personal data (such as the scheme administrators and other service providers) for the purposes of administering the scheme, including calculating and paying your benefits. The Trustees will also disclose your personal data to Legal & General Assurance Society Ltd, which is a data controller in respect of that personal data and is directly responsible under data protection law for protecting it.

Please read the Trustees' full privacy statement which can be found at www.itb-online.co.uk for full details, including details of the rights you have in respect of your personal data under the data protection legislation.

You agree that if your contract of employment comes to an end with the Participating Employer and no replacement contract of employment is entered into, and if you do not transfer your DC account to another arrangement, your DC account in the Scheme may be transferred by the Trustees to a pension arrangement in your name.

I have read and accept the terms outlined above.

Employee's Signature: _____ Date: _____

Please amend your records immediately and forward this form to The ITB Pension Funds' Office.

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Employer Information

To be completed by Employer (and returned to **ITB Pension Funds' Office, Watford**)

Section A – Member Details

Miss/Mrs/Ms/Mr/Other: _____ Surname: _____

Employed by: _____

At: _____

Occupation: _____ Workplace Postcode: _____

National Insurance number: _____

Part-time: Yes/No If Yes: Part-time Hours: _____ p/w. Standard full-time hours: _____ p/w.

Pensionable Salary: £ _____ per annum. If Part-time: Full Time Equivalent Salary: £ _____ per annum

Section B – Contributions

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

Employee Monthly Contributions: £ _____ Employer Monthly Contributions: £ _____

Date joined Company: _____

Date Scheme membership to start: _____

Section C – Employer declaration

A copy of the applicant's birth certificate or passport is attached (which must be certified as a true copy of the original and dated by the applicant's line manager or higher).

Nomination Form attached: Yes/No

Signed on behalf of Employer: _____
(Authorised Officer)

Print Name and Title: _____

Date: _____

**Pension Office Use Only –
Date Stamp**

Input:

Checked