

Defined Contribution (DC) Structure

Change in Contribution Rate Form

Please complete sections 1, 2 and sign the declaration then pass the form to your employer to sign their declaration.

1 | Your details

Full Name:

Membership Number (if known): **M**

Address:

..... Postcode:

Telephone Number:

Email:

2 | Change in contribution rate

Tick one box only.

I wish to increase my contribution rate as follows:

Contribution Type	Current Rate Paid	New Rate Paid
Normal Contribution (see note 1 on page 2)	%	%
Additional Voluntary Contribution (AVC)	%	%
Total	%	%

Note 1: Your normal contribution must be at least the minimum stipulated by your employer. If the rate you choose to pay is higher than the rate your employer allows as a normal contribution, the balance will be classed as an Additional Voluntary Contribution (AVC).

I wish to reduce my contribution rate as follows:

Contribution Type	Current Rate Paid	New Rate Paid
Normal Contribution (see note 2 below)	%	%
Additional Voluntary Contribution (AVC)	%	%
Total	%	%

Note 2: Your normal contribution must be at least the minimum stipulated by your employer. If the rate you choose to pay is higher than the rate your employer allows as a normal contribution, the balance will be classed as an Additional Voluntary Contribution (AVC).

I would like the change to be effective from **01**

Please note:

This must be the 1st of the month.

Your employer will confirm if this is possible.

If you wish to amend your selected retirement date (SRD) or investment option, please complete the 'Switch Instruction Form', which is available to download.

Please note:

Any AVCs paid must be invested in the same fund and allocation as your regular contributions.

Employee's Declaration

I confirm I wish to make the change detailed above to the pension contributions I pay.
I authorise deduction from my pay at the rate stated above.

Signed: Date:

Full Name:

Employer's Declaration

I acknowledge the application from the member to change the contributions they pay
(tick below):

- As a result of the change in the member's contribution, the employee's TOTAL contribution will change to%.
- As a result of the change in the member's contribution, the employer's TOTAL contribution will change to%.

I have advised payroll to make the appropriate changes to contributions from the effective date indicated in Section 2.

Signed: Date:

Full Name:

Employer Number: **E**

Employer Name: