

The Ethical Fund
**Employee
Application Form**

Membership number, to be completed by TPT Retirement Solutions:

M

Employees are required to fully complete sections 1 – 4 and sign the declaration.

1 | Your details

Title: Male Female

Surname:

Forename(s):

Address:

..... Postcode:

Email:

Telephone Number: Date of Birth:

Status: single married widow(er) divorced civil partner

National Insurance Number:

Please advise TPT of any future changes of address or status.

2 | Previous pension arrangements

Have you ever previously been a member of TPT? Yes No

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

and the name of the employer:

3 | Selected Retirement Date (SRD)

Please indicate your intended retirement age which may be any date after age 55:

4 | Death benefits

Please note: Your employer determines the level of life assurance cover. Please check with your employer the level of cover in place.

Death Benefits – before retirement (lump sum)

A return of the value of your units is payable on death in addition to your life assurance lump sum.

Payment of lump sum death benefits

Please nominate below who you wish to receive the lump sum benefit on your death. There is no limit to the number of beneficiaries (see notes below). Use an extra sheet if required.

Full Name: Relationship:

Date of Birth: Proportion: %

Full Name: Relationship:

Date of Birth: Proportion: %

Notes on death benefits

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 TPT.
- (c) You may change your nomination at any time. Please obtain a further form from the Ethical Fund website www.ethicalfunddc.org.uk if you wish to do so.
- (d) TPT 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 Plan.

Employee's declaration

I hereby apply to become a member of TPT Ethical Fund, and I agree to be bound by the terms and conditions of the Ethical Fund (EF) as set out in the Trust Deed and Rules. I confirm that I have read the information regarding the Ethical Fund that is available on the Ethical Fund website. I understand that the value of my units may go up or down.

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 the agreed pension contributions from my salary (if appropriate).

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.ethicalfunddc.org.uk

Employers are required to fully complete this page and sign the declaration.

5 | Employer details

Name of Organisation:

Employer Reference Number: **E** Normal Retirement Age:

Employer Contribution Rate: % Employee Contribution Rate: %

(Where a Salary Sacrifice arrangement is in place please enter 0 in the Employee Contribution Rate section and the total contributions in the Employer Contribution Rate.)

Date employee joined employment:

Payroll Number:

Contractual hours per week: Standard full-time hours:

Date of joining the Plan: Annual Pensionable Salary: **£** p.a.

Underwriting declaration

Certain employees may be subject to medical underwriting. Please answer the following three questions:

1. Is the employee 70 or over at the date they have applied to join the Plan?
Yes No
2. Is the employee off work sick on the date they have applied to join the Plan?
Yes No
3. Would the employee be entitled to a lump sum death benefit in excess of the free cover limit* (currently £1 million) if they died in service?
Yes No

*This is calculated by multiplying the pensionable salary by the life cover multiple selected by the employer.

Please complete the declaration on page 5.

Employer's declaration

I certify that the applicant is an employee of our organisation and I agree to ensure that contributions are paid to TPT on behalf of this employee.

I understand contributions must be received by TPT within legal time limits.

Signed: Date:

Full Name:

Position:

Email:

The completed form should be sent to the DC Administration Team at the address below. Any queries please call **0345 072 6780** or email **TPTenquiries@mercer.com**