

The Ethical Fund

# Application to Pay Additional Voluntary Contributions (AVCs)

Please complete all relevant sections and pass back to your employer to sign the declaration.

## 1 | Your details

Surname: .....

Forename(s): .....

National Insurance Number: .....

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

Date of Birth: .....

## 2 | Investment

Your Additional Voluntary Contributions (AVCs) will be used to purchase units in the Ethical Target Date Fund.

At retirement your investment units will be cashed-in and the proceeds paid to a pension provider of your choice (e.g. an insurance company). Your pension will then be paid by your chosen provider. You can normally take up to 25% of your fund as a tax-free lump sum.

Please indicate your intended retirement age which may be any age from age 55:.....

## Employee's declaration

I understand the value of my fund is subject to market conditions and will rise and fall and cannot be guaranteed. I confirm I have read the information regarding the Ethical Fund which is available on the website.

I would like to pay .....% of my salary or £ ..... (fixed monthly amount) as AVCs.

I authorise my employer to deduct the above rate of AVCs from my salary with effect from .....

Or I authorise my employer to deduct a lump sum of £ ..... from my salary in the month of .....

**Note:** Your AVCs will be tax-free unless total pension contributions exceed the 'annual allowance' or 100% of your earnings.

I would like my employers AVCs of .....% or £ ..... (fixed amount) to be paid to the Ethical Fund.

**Note:** Any AVCs paid by your employer must be agreed between you and your employer.

Signed: .....

Date: .....

# Employer's declaration

**To be completed by your employer.**

1. I confirm that the member is either a member of TPT or currently applying to become a member of the TPT through the Plan we operate.
2. I confirm that the agreed level of AVCs will be deducted from the member's salary and sent to TPT with the regular contributions.

**To be completed where employer is paying AVCs.**

3. I can confirm that the agreed level of Additional Voluntary Contributions of .....% or £..... will be remitted by the employer with the member's regular contributions.

Signed: ..... Date: .....

Full Name: .....

Position: .....

Email: .....

Name of Organisation: .....

Employer Reference Number: **E** .....