

## Social Housing Pension Scheme

# Transfer to new Benefit Structure

## Defined Benefit and Defined Contribution

All members are required to sign and complete sections 1 and 3 and return the form to their employer. Section 2 should only be completed by members who have selected the defined contribution benefit structure in section 1. Employers should complete sections 4 and 5 and return the form to TPT Retirement Solutions.

## 1 | Your details

Full Name: .....

Membership Number: .. M .....

Address: .....

.....

..... Postcode: .....

I wish to continue membership of the Social Housing Pension Scheme (SHPS), and I am applying to switch to the open benefit structure offered by my employer, indicated below (tick one box only):

☐ Final Salary 1/60th Benefit Structure

☐ CARE 1/60th Benefit Structure

☐ Final Salary 1/70th Benefit Structure

☐ CARE 1/80th Benefit Structure

☐ Final Salary 1/80th Benefit Structure

☐ CARE 1/120th Benefit Structure

☐ Defined Contribution Benefit Structure  
if you have selected this option please  
complete section 2

I wish the change of benefit structure to take effect from: ..... (the effective date should be the first of a month).

I understand that the decision to move from one benefit structure to another cannot be reversed at a later date.

## 2 | Investment choice

(Please complete this section only if your employer offers and you are applying to join the Defined Contribution benefit structure.)

### Selected Retirement Date (SRD)

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

Now, please choose EITHER A) Default Target Date Fund Investment Option OR B) provide your own Investment Option (Self-select):

If no option is selected the Default Target Date Fund Investment Option will apply.

#### A) Default Target Date Fund Investment Option

The Target Date Funds comprise a series of funds of different 'vintages' (e.g. 2038 – 2040), intended to match the selected retirement date of the member. Each fund is managed with the aim of giving the member the highest possible pension income after taking into account the number of years over which contributions will be made to their fund. The funds invest across a range of asset classes and the mix of assets in the fund will change over the life of the fund.

I wish the Default Target Date Fund Investment Option to apply to my personal fund (please tick here) ☐

OR

#### B) Self-select Investment Option

I wish the Self-select Investment Option to apply to my personal fund and have indicated my selected investment funds below (please tick here) ☐

- ☐ Index-Linked Gilts Fund.....%
- ☐ Bond Fund.....%
- ☐ Socially Responsible Investment Fund.....%
- ☐ Property Fund.....%
- ☐ Global Equity Fund.....%
- ☐ Cash Fund.....%
- ☐ Ethical Target Date Fund.....%
- ☐ Diversified Growth Fund.....%

Your choices must add up to 100%.

**Please note:** The return for each investment fund is directly related to the performance of the asset classes in which it is invested. The value of assets can go down as well as up. Past performance is not a guarantee of future performance.

### 3 | Member's signature

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

Full Name: .....

### 4 | Employer details

Name of Organisation: .....

Employer Reference Number: E .....

I confirm the member has chosen to transfer into the benefit structure operated by our organisation as indicated below:

Final Salary 1/60th Benefit Structure <input type="checkbox"/>	CARE 1/60th Benefit Structure <input type="checkbox"/>
Final Salary 1/70th Benefit Structure <input type="checkbox"/>	CARE 1/80th Benefit Structure <input type="checkbox"/>
Final Salary 1/80th Benefit Structure <input type="checkbox"/>	CARE 1/120th Benefit Structure <input type="checkbox"/>
	Defined Contribution Benefit Structure <input type="checkbox"/>

I confirm the future service contribution rates are as shown and Payroll have been informed to amend the contributions payable.

Employer Future Service Contribution Rate: ..... %

Employee Future Service Contribution Rate: ..... %

### 5 | Employer's signature

I certify that we, as the employer, agree to this member transferring to the benefit structure detailed above and agree to deduct contributions at the rate applicable to the new benefit structure from the effective date shown in section 1.

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

Full Name: .....

Position: .....