

TPT Retirement Solutions

Transfer to new Benefit Structure

Defined Benefit

All members are required to sign and complete sections 1 and 2 and return the form to their employer. Employers should complete sections 3 and 4 and return the form to TPT Retirement Solutions.

1 | Your details

Full Name:

Membership Number: M

Address:

.....
Postcode:

I am applying to switch to the following benefit structure (your employer will confirm which benefit structure(s) are open to you)

.....

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 | Member's signature

Signed: Date:

Full Name:

3 | 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.

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:%

4 | 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: