

Growth Plan Series 4

Employer Form of Authority

Please complete this form to amend the contribution rates which are offered by your organisation. If the changes you are making apply to more than one defined contribution scheme then please complete a separate form for each scheme.

1 | Your details

Employer Name:
Employer Number:
Pension Scheme:
Effective date for amendment:
Please note that charges may apply. If you have any questions about this form please see our Form of Authority Frequently Asked Questions document, which can be found

in the Scheme's resource library.

If you require a form of authority for another of our pension schemes these can be

accessed from the relevant scheme section on our website **www.tpt.org.uk.**

2 | Benefit structure and contribution rate amendments

Please answer the following questions about the DC rate structure you wish to add or amend. If you are adding or amending more than one rate structure, please complete a separate form for each structure. You do not need to complete a form for your existing rate structures if there are no changes to be made. For guidance please refer to the 'Important Information' at the end of this form.

1 Who is this rate structure for (e.g. 'auto-enrolled employees')?						
2 Is this rate structure open to new joiners?	☐ Yes	□No				
3 Do you offer salary sacrifice for pension contributions?	☐ Yes	□No				
4 Are the member contributions age-related? If you answered yes, please explain how your rates are age-related:	☐ Yes	□ No				
5 Are the member contributions related to length of service? If you answered yes, please explain how your rates are service-related.	☐ Yes ed:	□No				

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6 Please complete the table below to explain how your employer rate is decided, and the range of member rates available to your employees.

What type of rate does the employer pay? (Please complete one of the lines below)	Employer rate	What is the maximum employer rate?	What is the minimum member rate?	What is the maximum member rate?
Fixed rates	N/A	%	%	%
Employer matches member rate	N/A	%	%	%
Employer matches member rate and adds an extra fixed percent	Member rate + %	%	%	%
Multiple of member rate (e.g. double)	x member rate	%	%	%
Other (please explain below)				

Important information

This form is not to be used for amending contribution rates for individual members. Defined contribution (DC) rates are amended by the member through their online BenPal account. If your members require any assistance with accessing or using BenPal then please contact BenPal Support on **0345 309 6197** or **support@benpal.com**

If your organisation does not have BenPal member access then member contribution rates are updated by completing a Change in Contribution Rate Form. This form can be accessed from the member section of the relevant scheme page on our website.

For further information about when charges are applicable, please refer to our Frequently Asked Questions document, or contact our Employer Support Team on **0113 394 2770** or email us at **clientrelations@tpt.org.uk**.

Two months' notice is required for any other amendment, such as a change in contribution rates for one of your existing benefit structures. This includes the introduction of a salary sacrifice arrangement, where all contributions are classed as employer contributions and the member contribution rate is zero.

If you are using this scheme for your auto-enrolment, the minimum total contribution for the DC structure must be in line with auto-enrolment legislation. You can determine how this is split between the employer and member, providing this meets the legal minimum rates.

If you operate age-banded contributions it is for each employer to ensure that operating such a basis is not in breach of any age-related discrimination legislation.

This form must be signed by both the Chair and the Secretary of the employer. Signatures on behalf of a Group structure cannot be accepted.

Chair

Signed:	
Print Name:	Date:
Secretary	
Signed:	
Print Name:	Date:

Thank you for confirming the changes to the benefit structures you intend to offer to your employees. Your changes will be acknowledged once they have been accepted. Please ensure that the person responsible for running your payroll is fully aware of these changes.

Please return this form to the Client Relations Team at TPT, Verity House, 6 Canal Wharf, Leeds LS11 5BQ

Verity House, 6 Canal Wharf, Leeds LS11 5BQ **Tel:** 0845 608 5252 **Email:** enquiries@tpt.org.uk **www.gp4dc.org.uk www.tpt.org.uk**

