

Defined Contribution (DC) Structure

Change in Contribution Rate Form

Please complete sections 1, 2 and sign the declaration then pass the form to your employer to sign their declaration.

1 | Your details

Full Name:

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

Address:

..... Postcode:

Telephone Number:

Email:

2 | Change in contribution rate

Tick one box only.

Option 1: I wish to increase my contribution rate as follows:

Contribution Type	Current Rate Paid	New Rate Paid
Normal Contribution (see note 1 on page 2)	%	%
Additional Voluntary Contribution (AVC)	%	%
Total	%	%

Note 1: Your normal contribution must be at least the minimum stipulated by your employer. If the rate you choose to pay is higher than the rate your employer allows as a normal contribution, the balance will be classed as an Additional Voluntary Contribution (AVC).

Option 2: I wish to reduce my contribution rate as follows:

Contribution Type	Current Rate Paid	New Rate Paid
Normal Contribution (see note 2 below)	%	%
Additional Voluntary Contribution (AVC)	%	%
Total	%	%

Note 2: Your normal contribution must be at least the minimum stipulated by your employer. If the rate you choose to pay is higher than the rate your employer allows as a normal contribution, the balance will be classed as an Additional Voluntary Contribution (AVC).

I would like the change to be effective from **01**

Please note:

This must be the 1st of the month.

Your employer will confirm if this is possible.

If you wish to amend your selected retirement date (SRD) or investment option, please complete the 'Switch Instruction Form', which is available to download.

Please note:

Any AVCs paid must be invested in the same fund and allocation as your regular contributions.

Option 3 | (For employer use only - Changes to an existing employer AVC)

Note – Percentage must be to 2 decimal places.

Contribution Type	Current AVC Rate or Fixed Sum Amount £	New AVC Rate or Fixed Sum Amount £
Employer Additional Voluntary Contribution	_____ % or £ _____	_____ % or £ _____

I would like the change to be effective from: **01**

This must be the 1st of the month.

Employee's Declaration

I confirm I wish to make the change detailed above to the pension contributions I pay.
I authorise deduction from my pay at the rate stated above.

Signed: Date:

Full Name:

Employer's Declaration

I acknowledge the application from the member to change the contributions they pay
(tick below):

- As a result of the change in the member's contribution, the employee's TOTAL contribution will change to%.
- As a result of the change in the member's contribution, the employer's TOTAL contribution will change to%.
- This is only a change to the existing Employer AVC.

I have advised payroll to make the appropriate changes to contributions from the effective date indicated in Section 2.

Signed: Date:

Full Name:

Employer Number: **E**

Employer Name:

¹ To fill in your signature, click **'Fill & Sign'** on the right-hand tool bar, then click **'Sign Yourself'** on the top tool bar. Add a signature if you don't already have one created, then drag and drop onto the dotted line.

Upon completion of this form, please submit online through [Contact TPT](#) or send to the postal address below.

Any queries please call 0345 072 6780 or email enquiries@tpt.org.uk.

Personal data which is held will be processed in line with data protection laws. For more information see www.tpt.org.uk/privacy-policy. The Data Controller is Verity Trustees Ltd.