



FENNER PENSION SCHEME (the 'Scheme')

Application form to pay Additional Voluntary Contributions (AVCs)

If you would like to pay AVCs please use this form.

Your contributions will be structured through salary exchange unless your current full time earnings are less than the minimum amount (you will be informed if this applies to you) or you decide to opt-out of salary exchange. To read more about salary exchange or to opt-out of it, please look at the explanatory leaflet www.fennerbenefits.co.uk

Please return your completed form to your usual HR contact.

Full details of all benefits can be found at www.fennerbenefits.co.uk

Personal details

Title: (please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>	(please specify)											
Surname:	<input type="text"/>															
First names:	<input type="text"/>															
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	D	D	M	M	Y	Y	Y	Y	N.I. number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>			Salary	<input type="text"/>											
Employee number:	<input type="text"/>			Payroll location:	<input type="text"/>											
Date of joining Company:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address:	<input type="text"/>															
	<input type="text"/>															
Post code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone number:	<input type="text"/>						

AVC contribution

I am a member of the Fenner Pension Scheme and wish to make an AVC of (choose from the following options)

1) I would like to pay £ per month

2) I would like to make a one-off payment of £ to be taken from my Salary
(please state which month and year)

Investment choices

Please invest my pension contributions in:

A	Default option (Standard Life Sustainable Multi Asset Universal Strategic Lifestyle Profile)	<input type="text"/>
OR		
B	the following funds (must equal 100%)	<input type="text"/>
1	<input type="text"/>	Proportion % <input type="text"/>
2	<input type="text"/>	Proportion % <input type="text"/>
3	<input type="text"/>	Proportion % <input type="text"/>
4	<input type="text"/>	Proportion % <input type="text"/>
5	<input type="text"/>	Proportion % <input type="text"/>
	<input type="text"/>	TOTAL <input type="text" value="100%"/>

Please visit www.standardlife.co.uk for details of the available investment options. Please note if you do not make a choice here your pension contributions will be invested in the Standard Life Sustainable Multi Asset Universal Strategic Lifestyle Profile.

When you retire, the fund you will have built up will be used to provide additional pension benefits in the Scheme.

Retirement age

Please insert your target retirement age.

N.B.: For the purposes of pension provision, the minimum retirement age is 55 and the maximum retirement age is 75. If you do not include an age in the box above, a default retirement age of State Pension Age will be used. This is solely for the purposes of illustration and can be altered by you at a later date if you wish.

Declaration

I apply to pay/amend my AVCs in the Fenner Pension Scheme based on the terms of the Trust Deed and Rules and any ancillary rules as may be appropriate. I understand that my salary will be reduced and my pension contributions and additional benefit choices will be made under salary exchange, unless my earnings are less than the minimum amount required, or I complete the Salary exchange opt-out form. I understand that the Trustees of the Fenner Pension Scheme and any third party employed on their behalf will use the personal data in this, or any other documentation supplied, in the administration and operation of the Fenner Pension Scheme and may share it with the Company for employment purposes.

Signature:

Date:

For Company Use Only

Pension membership:

Date form received:

Payroll effective date:

Comments: