Additional Contributions Form - DC Scheme



Use this form if you would like to:			Complete the highlighted sections:				
•	Start paying additional contributions	1	2	3	4	5	
•	Change how much you pay in additional contributions	1	2	3	4	5	
•	Stop paying additional contributions	1	2	3	4	5	

Any changes affecting how much you pay in additional contributions will take place on the next available payroll run (unless you advise a later date of commencement).

1. About you

Miss/Mrs/Ms/Mr/Other:	Surname:
Forenames:	
Date of Birth:	National Insurance Number:
Employer:	
Address:	
	Post Code:

2. Start paying additional contributions

Please complete this section if you would like to start paying additional contributions, either as a monthly amount or as a one-off payment. Please note the total contributions paid (including your and your employer contributions) for the year must not exceed the Annual Allowance as described in the member booklet found on www.itb-online.co.uk.

Making regular payments

I wish to start paying additional contributions regularly of: ______ % a month (this is the percentage in addition to your regular contribution percentage as shown in the member booklet, found on www.itb-online.co.uk).

I would like my additional contributions to be deducted from my salary with effect from:

Making a one-off payment

I wish to make an additional contribution as a one-off lump sum payment of: £______

I would like this one-off payment to be deducted from my salary with effect from:

I understand that my contributions will be deducted on the next available payroll run.

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3. Stop paying additional contributions

Please complete this section if you would like to stop paying additional contributions.

I wish to stop paying additional contributions as soon as possible after:

4. Change your payment

Please complete this section if you would like to change the amount of your additional contributions.

I wish to change the amount I pay in additional contributions to: _______% a month (this is the percentage in addition to your regular contribution percentage as shown in the member booklet, found on www.itb-online.co.uk).

I would like my additional contributions to be deducted from my salary with effect from: _

5. Confirmation

I authorise my Employer and the ITB Pension Funds to carry out my instructions as set out in this form. I understand that my instructions will take effect as soon as possible upon receipt of my completed form.

The Trustees are the data controller in respect of the personal data they collect about you for the purposes of the data protection legislation. The personal data the Trustees hold will be used by the Trustees and third parties to whom the Trustees disclose the personal data (such as the scheme administrators and other service providers) for the purposes of administering the scheme, including calculating and paying your benefits. The Trustees will also disclose your personal data to Legal & General Assurance Society Ltd, which is a data controller in respect of that personal data and is directly responsible under data protection law for protecting it.

Please read the Trustees' full privacy statement which can be found at **www.itb-online.co.uk** for full details, including details of the rights you have in respect of your personal data under the data protection legislation.

Signed:

Date:

Once completed please forward this form to your HR/Payroll Department so they can amend your records accordingly.

Note to Employer:

Please confirm receipt by ticking this box \bigcup and amend your records immediately. Forward this form to The ITB Pension Funds' Office, once your records have been updated.