



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

NOTICE OF INTENTION TO OPT-OUT OF THE ITB PENSION FUNDS (DB SECTION) AND APPLICATION TO JOIN THE ITB PENSION FUNDS (DC SECTION)

HOW TO COMPLETE THIS FORM

This form cannot be completed and submitted online. Please print form, complete and pass to your Employer (HR or Payroll Department) who must approve your application to switch to the DC Section.

SECTION A – PERSONAL DETAILS

Miss/Mrs/Ms/Mr/Other:

Surname:

Forenames:

Date of Birth:

National Insurance No:

Marital Status: Married/Divorced/Separated/Single

Address:

Post Code:

Email:

(Your email address is not passed onto any third parties and will only be used for the purpose of administering your pension benefits)

SECTION B – NOTICE OF INTENTION TO OPT-OUT OF THE DB SECTION

With effect from

I wish to withdraw from the DB Section and in

doing so understand that:

- I will cease to pay contributions to the DB Section.
- I will cease to be contracted-out of the State Second Pension (S2P) and understand I will pay full rate National Insurance contributions.
- I will cease to accrue future pension benefits in the DB Section.
- I will no longer be covered for any death in service lump sum from the DB Scheme.
- I will be entitled to the benefits from the DB Section as described within the "Leaving the Scheme" section of the Member Booklet (available from www.itb-online.co.uk) only when I leave the ITB Open Fund.
- My accrued pension will lose any link to salary increases awarded after the above date.
- I will not be able to re-join the DB Section at a future date.
- I make my decision to opt-out of my own free will and have not been subject to any undue pressure.

Employee's Signature: **Date:**

SECTION C – APPLICATION FOR MEMBERSHIP OF THE DC SECTION

With effect from the date in Section B above I hereby apply for membership of the ITB Pension Funds (DC Section).

SECTION C (i) – INVESTMENT CHOICE

There are a number of investment funds available for you to choose to invest your contributions and those paid on your behalf by your Employer. To select which fund(s) you would like your pension contributions to be invested in please complete an 'Investment Choice Form' found in the Document Library of the www.itb-online.co.uk website and attach it to this application form.

If you do not complete an Investment Choice Form your contributions will automatically be invested according to the ITB Default Option until an Investment Choice Form is received from you by the Funds' Office.

SECTION C (ii) – MEMBER DECLARATION

I hereby apply for membership of the ITB Open Fund DC Section and I declare that to the best of my knowledge and belief the particulars given by me are true. I agree to be bound in all respects by the Scheme Rules for the time being in force and I agree to produce evidence of age as required and to the deduction of the appropriate contributions from my salary.

By signing this Application Form, I agree to join the ITB Open Fund DC Section and agree to contributions being deducted at the rate notified to me and which may vary from time to time. Membership of the Scheme is subject to the terms of the Scheme including terms which allow the Scheme to be amended or terminated.

I also acknowledge that the Trustees may process data which relates to me during the course of my membership of the Scheme in order to carry out their functions as Trustees of the Scheme. I agree that the Trustees may record and hold such data and make it available to third parties in the ordinary course of those functions. I understand that the Trustees and any such third party will comply with the underlying principles of the Data Protection Act 1998.

The ITB Open Fund DC Section is currently administered by Legal & General Assurance Society Limited (Legal & General). By signing this Application Form, I acknowledge that my Employer will pass certain personal data it collects about me to Legal & General (and any future organisation appointed by the Trustees as its successor), which might reasonably be required by them to set up and manage the DC account. Legal & General will hold and process my personal data for those purposes as the data controller and any enquiries concerning the processing of my personal data in connection with the ITB Open Fund DC Section should be sent to Legal & General at Legal & General Assurance Society Limited, City Park, The Drove Way, Hove BN3 7PY. Should a different provider be appointed during the course of my membership of the ITB Open Fund DC Section, my Employer and/or the existing provider (currently Legal & General) may disclose all such personal data to the new provider for it to use for the same purposes.

I agree that if my contract of employment comes to an end with the Participating Employer and no replacement contract of employment is entered into and if I do not transfer my DC account to another arrangement, my DC account in the Scheme may be transferred by the Trustees to a pension arrangement in my name.

I have read and accept the terms outlined above.

Employee's Signature: **Date:**



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Note to Employer: Please amend your records immediately and forward this form to the ITB Pension Funds Office.

APPLICATION FORM (DB OPT-OUT/DC APPLICATION)

EMPLOYER INFORMATION

To be completed by Employer (and return to ITB Pension Funds' Office, Watford)

SECTION A – MEMBER DETAILS

Miss/Mrs/Ms/Mr/Other: Surname:

Employed by:

Location: Occupation:

Part-time: Yes/No If Yes: Part-time Hours: p/w Standard full-time Hours: p/w

Pensionable Salary: £ per annum. If Part-time Full-time Equivalent Salary: £ per annum

SECTION B – CONTRIBUTIONS

Employee Contribution Rate: % Employer Contribution Rate: %

Employee Monthly Contributions: £ Employer Monthly Contributions: £

Scheme Membership will start on the date shown under Section C of Employee Application

SECTION C – EMPLOYER DECLARATION

We have considered the implications of this DB Section member switching to the DC Section for future service and request that the Trustees agree to the employee becoming a member of the DC Section for future service, subject to the Trustees special terms and conditions.

We confirm that nobody acting on our behalf has attempted to persuade this DB Section member to opt out.

Nomination Form attached: Yes/No

Signed on behalf of Employer:
(Authorised Officer)

Print Name and Title:
.....

Date:

Pension Office Use Only
Date Stamp
Input:
Checked