



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.

ADVICE OF "AUTOMATIC ENTRY" MEMBER

HOW TO COMPLETE THIS FORM

Employer to complete on-line, print it and return to the Pension Funds Office, 23 King Street, Watford, WD18 0BJ.

EMPLOYER:

POSITION:

SURNAME:

TITLE: (Mr/Mrs/Miss/Ms/Other)

FORENAMES:

NATIONAL INSURANCE NO. SEX:

DATE OF BIRTH: MARITAL STATUS:

PENSIONABLE SALARY PA:

MONTHLY CONTRIBUTIONS £ PER MONTH

COMMENCING DATE:

DATE JOINED EMPLOYER:

DATE JOINED "THE SCHEME":

DATE COMMENCED CONTRACTED-OUT SERVICE:

CONTRACTED HOURS PER WEEK:

STANDARD HOURS PER WEEK:

BIRTH CERTIFICATE (CERTIFIED COPY TO BE ATTACHED)
(PASSPORT ACCEPTABLE IF NO BIRTH CERTIFICATE AVAILABLE)

NOMINATION FORM ATTACHED: YES/NO

ADDRESS:

Signed on behalf of Employer:

Date:

<p><u>Pension Office use only</u> <u>Received - Date Stamp</u></p> <p><u>Input</u></p> <p><u>Checked</u></p>
