



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.

SALARY SACRIFICE (CASH BENEFIT ARRANGEMENT)
NOTICE OF COMMENCEMENT/CESSATION

HOW TO COMPLETE THIS FORM

Employer to complete and forward to the Pensions Funds' Office, 23 King Street, Watford, Herts, WD18 0BJ. Alternatively the information shown below can be forwarded as an excel spreadsheet as an e-mail attachment and sent to pensions@itbpen.com

The following Employees of _____ have entered into or ceased (other than on leaving service) a *Cash Benefit Salary Sacrifice Arrangement from the date shown

Insert either date commencing or date ceasing the *Cash Benefit Arrangement

National Insurance Number	Surname	Date Commenced	Date Ceased

Signed on behalf of Employer:

Name:

Position: **Date :**

** A Cash Benefit Arrangement occurs for example when an Employee agrees to sacrifice an amount of their annual salary equivalent to the rate of Member Contributions due (including those payable to Added Years AVCs but not those payable to Scottish Life and/or Prudential). Member then pays zero contributions with Employer paying the equivalent amount to the Fund in addition to their Standard Contribution.*