

Application Form

SIDE 1. To be completed by *Employee* (and returned to Personnel Department)

Title: Mr/Mrs/Miss/Ms/other: _____ Surname: _____

Forenames: _____ Sex: Male/Female*

Date of Birth: _____ Birth Certificate/Passport attached? YES/NO*
(Delete as Applicable – Must Be Original Copy)

Marital Status: _____ Marriage Certificate attached? YES/NO*

Address: _____

_____ Postcode: _____

Email: _____

(Your email address is not passed onto any third parties. It is required to setup your personal login to our 'MyITB' website – see Glossary for details on 'MyITB')

I hereby apply for membership of the *Scheme* 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.

I recognise 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.

Also are you applying to join more than 3 months after you first became eligible? YES/NO*
(if "yes" you are a 'Late Entrant' Applicant – see below)

Late Entrant joining outside the first 3 months of becoming eligible for membership

I acknowledge that, as I did not join within the first three months of becoming eligible that agreement to my becoming a member of the *Scheme* will be at the discretion of my *Employer* and the *Trustees*. If I become a member of the *Scheme* the lump sum death benefit will not become applicable to me until I have completed 2 years' *Pensionable Service* (excluding any transferred service) and the ill-health/disability retirement provisions will not be available to me at any point during my membership. Also, my membership of the *Scheme* will not commence until formal notification of acceptance of my membership has been provided to my *Employer* by the ITB Pension Funds' Office.

I have read and accept the terms outlined above.

Employee's Signature: _____

Date: _____

ONCE YOU HAVE COMPLETED YOUR SECTION ABOVE PLEASE PASS THE WHOLE FORM TO YOUR EMPLOYER FOR THEM TO COMPLETE SIDE 2 OVERLEAF.

Application Form

SIDE 2. To be completed by *Employer* (and returned to ITB Pensions Office, Watford)

Title: Mr/Mrs/Miss/Ms/other: _____ Surname: _____

Forenames: _____

Employed by: _____

at: _____

National Insurance No: _____

Pensionable Salary: _____ per annum

Part-time/Full-time employee? _____

If Part-time, show Full-time equivalent salary: £ _____ per annum

Contractual Hours per week: _____ Standard Hours per week: _____

Monthly Contributions: _____

Date Joined Company: _____

Date *Scheme* membership to start: _____

Is the applicant a 'Late Entrant' AND aged 40 or over?

YES/NO*

If yes, please refer to www.itb-online.co.uk and the procedure for 'Joining the Scheme – Late Entrant aged 40 or over' – before submitting the application.

A copy of the applicant's birth certificate or passport is attached (which must be certified as a true copy of the original and dated by the applicant's line manager or higher)

Nomination Form attached:

YES/NO*

Signed on behalf of Employer: _____

(Authorised Officer)

Print Name and Title: _____

Date: _____

*Delete as appropriate

Pension Office use only
Received - Date Stamp

Input
Checked

APPLICATION
FORM