

# Additional Contributions Form - DC Scheme



## Use this form if you would like to:

- Start paying additional contributions
- Change how much you pay in additional contributions
- Stop paying additional contributions

Complete the highlighted sections:

1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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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](http://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](http://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.

Continued overleaf

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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](http://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 ITB Open Fund DC Section is currently administered by Legal & General Assurance Society Limited (Legal & General). By signing this form you acknowledge that your Employer will pass certain personal data it collects about you to Legal & General, which might reasonably be required by them to manage your DC account. Legal & General will hold and process your personal data for those purposes as the data controller and any enquiries concerning the processing of your 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 Droveaway, Hove, BN3 7PY.

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  and amend your records immediately. Forward this form to The ITB Pension Funds' Office, once your records have been updated.