

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
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

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.

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).

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

Additional Contributions Form - DC Scheme

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).

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 (L&G). By signing this, I acknowledge that my employer will pass certain personal data it collects about me to Legal & General, which might reasonably be required by them to manage my 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 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 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.