

If you wish to change your pension contribution, please complete and sign this form and return to your employer.

PLEASE NOTE:

BOTH EMPLOYEE AND EMPLOYER CONTRIBUTION PERCENTAGES MUST MEET THE CURRENT AUTO-ENROLMENT MINIMUM

For completion by the Employee (BLOCK CAPITALS)

Name:	_____	Date of Birth:	_____
Home Address:	_____	National Insurance No:	_____
_____	Post Code: _____	Current Employee Contribution:	_____ %
Telephone No:	_____	New Employee Contribution:	_____ %
Email Address:	_____	Contribution change to commence from:	_____

I hereby authorise my employer to deduct the above contribution from my pensionable pay.

Signature: _____

Print name: _____

Date: _____

For completion by the Employer (BLOCK CAPITALS)

Company Name:	_____	WPT Account No:	_____
Address:	_____	Current Employer Contribution:	_____ %
_____	_____	New Employer Contribution (if applicable):	_____ %
Post Code:	_____	Contribution change to commence from:	_____
Telephone No:	_____	Signed:	_____
Email Address:	_____	Position:	_____

Employers: Please retain a copy of this form for your own records and return a copy to the Scheme at:

Workers Pension Trust
143 Malone Road, Belfast BT9 6SX
Tel: 028 9087 7142
Email: info@workerspensiontrust.co.uk

Data Protection Act

The information and data which is provided by members will be held to enable Workers Pension Trust to administer and pay pension benefits. We would like to send you information by email or post about our own products and services as well as those of third parties with whom we have a business relationship. If you do not agree to being contacted in this way, please tick this box