

Contribution Change Form

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

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

Workers Pension

4th Floor

State Buildings

2 Arthur Place

Belfast

BT1 4HG

Tel: 0345 475 0555

Email: info@workerspensiontrust.co.uk

Statement on Data Protection

The information and data which is provided by members will be held to enable Workers Pension, part of Cushon Master Trust to administer and pay pension benefits. Full information on how we manage personal data is explained in our Privacy Policy which is available at www.workerspensiontrust.co.uk/privacy-policy.