

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

Employers: Please update the employee record at www.workerspensiontrust.co.uk and retain a copy of this form for your own records.

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.