

Transfer to Defined Contribution Benefit Structure

ALL MEMBERS ARE REQUIRED TO SIGN AND COMPLETE SECTIONS 1, 2 AND 3 AND RETURN THE FORM TO THEIR EMPLOYER. EMPLOYERS SHOULD COMPLETE SECTIONS 4 AND 5 AND RETURN THE FORM TO THE PENSIONS TRUST.

1. Your details

Full Name: _____

Membership Number: M

Address: _____

_____ Postcode: _____

2. Investment choice

Please choose EITHER A) Lifestyle Investment Option OR B) provide your own Investment Option (Selfstyle):

If no option is selected the Lifestyle Investment Option will apply.

Please indicate your intended retirement age which may be any age between 55 and 75: _____

A) Lifestyle Investment Option

Lifestyling provides automatic switching from funds with more risk, such as equities, to funds with less risk, such as bonds and cash, over the five year period up to retirement.

If you are more than five years from your SRD and have selected the Lifestyle Investment Option your contributions will be invested in the Managed Fund. From five years before your SRD your existing fund and any new contributions will be automatically switched, in defined portions, into the Pre-Retirement Fund.

I wish the Lifestyle Investment Option to apply to my personal fund (please tick here)

OR B) Selfstyle Investment Option

I wish the Selfstyle Investment Option to apply to my personal fund and have indicated my selected investment funds below (please tick here)

Managed Fund	_____%	Index-Linked Gilts Fund	<input type="checkbox"/>	_____%
Pre-Retirement Fund	_____%	Bond Fund	<input type="checkbox"/>	_____%
Socially Responsible Investment Fund	_____%	Property Fund	<input type="checkbox"/>	_____%
Global Equity Fund	_____%	Cash Fund	<input type="checkbox"/>	_____%

Your choices must add up to 100%.

Note: The return for each investment fund is directly related to the performance of the asset classes in which it is invested. The value of assets can go down as well as up. Past performance is not a guarantee of future performance.

Social Housing Pension Scheme

3. Member's signature

Signed: _____ Date: ____/____/____

Full Name: _____

4. Employer details

Name of Organisation: _____

Employer Reference Number: Date of Change: ____/____/____

I confirm the future service contribution rates are as shown and Payroll have been informed to amend the contributions payable.

Employer Future Service Contribution Rate: _____ %

Employee Future Service Contribution Rate: _____ %

5. Employer's signature

I certify that we, as the employer, agree to this member transferring to the defined contribution benefit structure and agree to deduct contributions at the rate applicable from the effective date shown in section 4.

Signed: _____ Date: ____/____/____

Full Name: _____

Position: _____



Administered by
The Pensions Trust