

# MEMBERSHIP APPLICATION

The employee should complete Part 1 and pass to the employer.  
The employer should complete Part 2 and add to the employee's file

## IMPORTANT NOTE

Please note that all the information given on this form will be held in accordance with the Data Protection Act. The Scheme is registered under the Act as a Data Controller, and Legal and General Assurance Society Limited (L&G) process information on behalf of the Scheme. An employee can ask to see the information that L&G hold in respect of them. By signing this form you are giving consent for L&G to use the information for the purpose of running the Scheme.

**PART 1 - To be completed by the employee** (Please use BLOCK CAPITALS and complete in ink)

## A. Personal Details

|                   |                            |     |
|-------------------|----------------------------|-----|
| Surname           | Your Title (Mr, Mrs, Miss) | Sex |
| Forenames         | Date of Birth (dd/mm/yyyy) |     |
| Your Home Address |                            |     |
| Postcode          |                            |     |

## B. Contribution Details

I wish to contribute  % of my Contribution Salary

Frequency (please tick one)  Monthly  Weekly

Date contributions will commence

## C. Employee Declaration

I hereby apply for membership of the Scheme and agree to be bound by the Rules of the Scheme. I give consent to L&G processing the above information in accordance with the Data Protection Act. I authorise my employer to deduct contributions from my pay in accordance with my instructions in Part B of this application and remit these to the Trustees for investment in-line with the Scheme's default fund until I have chosen my own investments.

Signed by Member  Date

**PART 2 - To be completed by the Employer**

**A. Scheme Details**

Name of Employer

Site

**B. Applicant's Details**

Date applicant joined the Employer

Applicant's Reference Number

Date of joining Pension Scheme

Applicant's current Contribution Salary

£

Employee Individual Reference Number

Employee National Insurance Number

**C. Confirmation of Employer Contribution**

Percentage of Contribution Salary

**D. Employer Declaration**

I certify that to the best of my knowledge the information provided on this form is correct.

Signature

Full name of signatory

Date

Position of Signatory