

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

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

Please note: contribution salary is gross salary. Your gross salary will be reduced by the amount of your contribution which will be paid into the Scheme on a pound for pound basis.

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