

Scottish Housing Associations' Pension Scheme

Transfer to new Benefit Structure

Defined Benefit and Defined Contribution

All members are required to sign and complete sections 1 and 3 and return the form to their employer.

Section 2 should only be completed by members who have selected the defined contribution benefit structure in section 1. Employers should complete sections 4 and 5 and return the form to TPT Retirement Solutions.

1 | Your details

Full Name:

Membership Number: M

Address:

.....

.....Postcode.....

I confirm I have chosen to transfer into the benefit structure operated by the Scottish Housing Associations' Pension Scheme organisation as indicated below:

Final Salary 1/60th Benefit Structure

CARE 1/60th Benefit Structure

CARE 1/70th Benefit Structure

CARE 1/180th Benefit Structure

CARE 1/120th Benefit Structure

Defined Contribution Benefit Structure

I wish the change of benefit structure to take effect from: (the effective date should be the first of a month)

- I understand that if I wish to switch benefit structure in the future, this will be limited to the benefit structure(s) made available by my employer at that time.
- I understand that if I choose to move benefit structures any Final Salary benefits built up previously will no longer be linked to my future salary increases.
- I understand that the decision to move from one benefit structure to another cannot be reversed at a later date.

2 | Investment choice

(Please complete this section only if your employer offers and you are applying to join the **Defined Contribution** benefit structure.)

Selected Retirement Date (SRD)

Please indicate your intended retirement age which may be any age after 55:

Now, please choose EITHER A) Default Target Date Fund Investment Option OR B) provide your own Investment Option (Self-select):

If no option is selected the Default Target Date Fund Investment Option will apply.

A) Default Target Date Fund Investment Option

The Target Date Funds comprise a series of funds of different ‘vintages’ (e.g. 2038 – 2040), intended to match the selected retirement date of the member. Each fund is managed with the aim of giving the member the highest possible pension income after taking into account the number of years over which contributions will be made to their fund. The funds invest across a range of asset classes and the mix of assets in the fund will change over the life of the fund.

I wish the Default Target Date Fund Investment Option to apply to my personal fund (please tick here)

OR

B) Self-select Investment Option

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

| | | | |
|----------------------------------|---------|--|---------|
| TPT Annuity Aware Fund | % | TPT Global Impact Equity Fund | % |
| TPT Cash Fund | % | TPT Index Linked Gilts Fund | % |
| TPT Diversified Growth Fund | % | TPT Islamic Global Equity Fund | % |
| TPT Emerging Markets Equity Fund | % | TPT Low Carbon Transition Global Equity Fund | % |
| TPT Ethical Global Equity Fund | % | TPT Money Market Fund | % |
| TPT Global Corporate Bond Fund | % | TPT Property Fund | % |
| TPT Global Equity Fund | % | TPT UK Equity Index Fund | % |
| TPT Global Impact Bond Fund | % | TPT Global Infrastructure Fund | % |

Total:.....

Your choices must add up to 100%

Please 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.

3 | Member's signature

Signed:..... Date:.....

Full Name:

4 | Employer details

Name of organisation:.....

Employer Reference Number: E.....

I confirm the member has chosen to transfer into the benefit structure operated by our organisation as indicated below:

Final Salary 1/60th Benefit Structure

CARE 1/60th Benefit Structure

CARE 1/70th Benefit Structure

CARE 1/80th Benefit Structure

CARE 1/120th Benefit Structure

Defined Contribution Benefit Structure

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: %

Employer Future Service Contribution Rate: %

5 | Employer's signature

I certify that we, as the employer, agree to this member transferring to the benefit structure detailed above and agree to deduct contributions at the rate applicable to the new benefit structure from the effective date shown in section 1.

Signed:..... Date:.....

Full Name:

Position: