

## Independent Schools' Pension Scheme

# Transfer to new Benefit Structure

## Defined Benefit and Defined Contribution

All members who wish to transfer to a new benefit structure 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 wish to continue membership of the Independent Schools' Pension Scheme (ISPS), and I am applying to switch to the open benefit structure offered by my employer, indicated below (tick one box only):

- |  |   |
|--|---|
| <input type="checkbox"/> Final Salary 1/60th Benefit Structure | <input type="checkbox"/> CARE 1/80th Benefit Structure          |
| <input type="checkbox"/> Final Salary 1/80th Benefit Structure | <input type="checkbox"/> CARE 1/120th Benefit Structure         |
|  | <input type="checkbox"/> 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 FinalSalary 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.

*Personal data which is held will be processed in line with data protection laws. For more information see [www.tpt.co.uk/privacy-policy](http://www.tpt.co.uk/privacy-policy). The Data Controller is TPT Retirement Solutions Ltd.*

## 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 your selected retirement date. Each fund is managed with the aim of giving you the highest possible pension income after taking into account the number of years over which contributions will be made to your 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)** ☐

- ☐ Index-Linked Gilts Fund.....%
- ☐ Bond Fund.....%
- ☐ Socially Responsible Investment Fund.....%
- ☐ Property Fund.....%
- ☐ Global Equity Fund.....%
- ☐ Cash Fund.....%
- ☐ Ethical Target Date Fund.....%
- ☐ Diversified Growth Fund.....%

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 <input type="checkbox"/>	CARE 1/80th Benefit Structure <input type="checkbox"/>
Final Salary 1/80th Benefit Structure <input type="checkbox"/>	CARE 1/120th Benefit Structure <input type="checkbox"/>
	Defined Contribution Benefit Structure <input type="checkbox"/>

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 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 overleaf.

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

Full Name: .....

Position: .....