Retirement Solutions

The Independent Schools' Pension Scheme

Employee Application Form

Defined Benefit

Membership number, to be completed by TPT Retirement Solutions:

M.....

EMPLOYEES are required to fully complete sections 1-4 and sign the declaration

1 | Your details

Title:..... ☐ Male ☐ Female

Surname:.....

Forename(s):.....

Address:.....

..... Postcode:.....

Email:.....

Telephone Number:..... Date of Birth:.....

Status: ☐ single ☐ married ☐ widow(er) ☐ divorced ☐ civil partner

National Insurance Number:.....

Please advise TPT of any future changes of address or status.

2 | Previous pension arrangements

Have you ever previously been a member of TPT? ☐ Yes ☐ No

If yes, please provide the Membership Number, if known: **M**.....

and the name of the employer:.....

*Personal data which is held will be processed in line with data protection laws. For more information see **www.tpt.co.uk/privacy-policy**. The Data Controller is Verity Trustees Ltd.*

3 | Provision of survivor's pension

You should complete the section below to make a nomination for the **Survivor's Pension**. If you do not nominate someone now, you can make a nomination at a later date.

The **Survivor's Pension** is payable for life unless you have nominated a child – notes 2 and 3 overleaf give further information. Additionally, **Children's Pensions** will be paid to any eligible child(ren) for as long as they are entitled to them under the Scheme rules.

Please see notes 2 and 3 on page 5, which explain your choice and who can receive the benefit. Please indicate below who is to receive the **Survivor's Pension** on your death.

Name:

Relationship: Date of Birth:

Address:

Postcode:

4 | Lump sum death benefit

Please nominate below who you wish to receive this benefit. If you do not nominate someone now, you can make a nomination at a later date.

There is no limit to the number of beneficiaries (see note 1 on the page 4). Use an extra sheet if required.

Full Name: Relationship:

Date of Birth: Proportion: %

Full Name: Relationship:

Date of Birth: Proportion: %

Your proportions must add up to 100%.

Employee's declaration

I hereby apply to become a member of the Independent Schools' Pension Scheme and I agree to be bound by the terms and conditions of the Independent Schools' Pension Scheme as set out in the Trust Deed and Rules and the Scheme Document. (These formal documents are available on request). I confirm that I have read the Independent Schools Pension Scheme Guide for Members and the insert applicable to the benefit structure I am joining.

I consent to the processing of the data included in this form and any further personal information supplied by me or my employer.

I authorise my employer to deduct the agreed pension contributions from my salary (if appropriate) in accordance with the Trust Deed and Rules and Scheme Documents.

I confirm that these are my wishes at the date below and that if my circumstances change I will advise TPT of this.

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

Full Name:.....

In order that we can send you a pension forecast that includes information about your state pension, we need to get some information about you from the Department for Work and Pensions (DWP). To get that information we need to disclose your personal details to the DWP.

The information we get from the DWP will be used only for the purpose of providing you with a forecast of your pension rights.

If you do not wish us to contact the DWP for this information, please tick this box. ☐
As a result of this, the pension forecast you receive from us will not include state pension information.

For further information on the above, please refer to our website **www.tpt.co.uk**.

Employers are required to fully complete section 5 and sign the declaration.

5 | Employer details

Name of Organisation: .....

Employer Reference Number: **E** .....

Employer Contribution Rate: ..... % Employee Contribution Rate: ..... %

(Where a Salary Sacrifice arrangement is in place please enter 0 in the Employee Contribution Rate section and the total contributions in the Employer Contribution Rate.)

Date employee joined employment: ..... Payroll Number: .....

Is the employee employed on a part-time basis? ☐ Yes ☐ No

If Yes: Contractual hours per week: ..... Standard full-time hours: .....

Date of joining the Scheme: .... Annual Pensionable Salary: £ ..... p.a.

Please tick if employee is on overseas payroll: ☐

Declaration for late entrants

This declaration is in respect of an employee applying to join the Scheme later than one year from becoming eligible to do so (Trust Deed and Rules: Common Rule 3.4 applies).

Is the employee being automatically enrolled or automatically re enrolled into the Scheme? ☐ Yes ☐ No

If **Yes**, please now complete the Employer's declaration overleaf.

If **No**, you must complete the section below.

Has the employee completed three months' continuous service without absence through illness or injury immediately prior to the date they wish to join the Scheme? ☐ Yes ☐ No

If **No**, please give details of the period(s) of absence and the reason (please use an additional sheet if required).

Date(s) of absence	Reason for absence
..... to	.....
..... to	.....

If the member has not completed three months' continuous service, the enrollment may be postponed until this criterion has been met. Should this be the case, you will be contacted by TPT.

Employer's declaration

I certify that the applicant is an employee of our organisation and I agree to ensure that contributions are paid to TPT on behalf of this employee.

I understand contributions must be received by TPT within legal time limits and must not be deducted before I receive confirmation that the employee has been enrolled.

I confirm the employee is to be enrolled into the benefit structure operated by our organisation.

Please tick one box only: Final Salary 1/60th Benefit Structure ☐

Final Salary 1/80th Benefit Structure ☐

CARE 1/80th Benefit Structure ☐

CARE 1/120th Benefit Structure ☐

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

Full Name:.....

Position:.....

Email:.....

Notes on the completion of your Nomination Form

1. Lump sum death benefit

(a) You may nominate any one or more persons or organisations to receive this. You must use the name of a person or organisation and not your 'Estate' or the title 'Executor' or 'Administrator'.

(b) Any nomination will be revoked automatically by the death of the person(s) nominated or by your later marriage, civil partnership, divorce or dissolution of a civil partnership. If you wish your original nomination to stand you must confirm this in writing to TPT.

(c) You may change your nomination at any time. Please obtain a further form from TPT if you wish to do so.

(d) The Independent Schools' Pension Scheme Committee has discretion over who is to receive the benefit and, in exceptional circumstances, where no information is available, reserves the right to retain all or part of the value of the benefit within the assets of the Scheme.

2. Survivor's pension

(a) You do not have to nominate anyone now. If you wish to do so later or you wish to change your nomination, please contact TPT.

(b) Please provide us with the name of your nominated survivor.

(c) Any nomination will be revoked automatically by the death of the person nominated, or by your later marriage, civil partnership, divorce or dissolution of a civil partnership. If you wish your original nomination to stand (where permissable) you must confirm this in writing to TPT.

(d) As the choice of beneficiary has widened to the maximum permitted extent, it is important for you to exercise your right to nominate wherever possible. Eligibility will have to be confirmed before payment commences.

(e) If on your death there is no valid nomination, the Independent Schools' Pension Scheme Committee has discretion to pay the benefits to any eligible beneficiary but has the right to retain all or part of the benefit within the Scheme.

(f) If on retirement you have no nominee and do not wish to name one, then you may either retain the right to do so, or your pension can be enhanced.

3. Who can receive the Survivor's Pension?

(a) Your spouse or civil partner.

(b) Anyone who lives with you and shares the living expenses or anyone who is largely financially dependent on you. However, a child may only be nominated as detailed below.

(c) You may nominate a child (of any age) who is disabled and is unable to earn a living (in this case the child would be paid the survivor's pension, but not the child's pension).

(d) You may nominate a dependent child to receive the survivor's pension only up to the date he or she ceases to be treated as a 'Child' as described in the Trust Deed and Rules. No other child's pension can be paid at the same time.

The completed form should be sent to the Independent School's Pension Scheme at the address below. Any queries please call **0113 394 2552** or email **enquiries@tpt.co.uk**.