

## TPT Retirement Solutions

# Application to Pay Additional Voluntary Contributions (AVCs)

Please complete all relevant sections and pass back to your employer to sign the declaration.

## 1 | Your details

Surname: .....

Forename(s): .....

National Insurance Number: .....

Membership Number (if known): **M** .....

Date of Birth: .....

## Employee's Declaration

I would like to pay ..... % of my salary as AVCs/or a fixed monthly amount of £ .....

I authorise my employer to deduct the above rate of AVCs from my salary with effect from: .....

**Or** I authorise my employer to deduct a lump sum of £ ..... from my salary in the month of .....

I would like my employer's Additional Voluntary Contribution of ..... % or £ ..... (fixed monthly amount) to be paid into the DC Scheme offered by my employer.

**Note:** Any AVCs paid by your employer must be agreed between you and your employer.

### Defined Contribution(DC) members

I understand that any AVC will be invested inline with my current investment choices.

### Defined Benefit (DB) members

I understand that any AVC will initially be invested in the default Target Date Fund.

If you wish to make your own selection of investment funds, or update your retirement age for your AVCs please login to your member account.

Note: Your AVCs will be tax-free unless total pension contributions exceed the 'annual allowance' or 100% of your earnings.

I would like my employers AVCs of ..... % or £ ..... (fixed amount) to be paid to the Scheme.

Note: Any AVCs paid by your employer must be agreed between you and your employer.

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

## Employer's Declaration

### To be completed by your employer.

1. I confirm that the member is either a member of TPT or currently applying to become a member of the TPT through the Scheme we operate.
2. I confirm that the agreed level of AVCs will be deducted from the member's salary and sent to TPT with the regular contributions.

### To be completed where employer is paying AVCs.

3. I can confirm that the agreed level of Additional Voluntary Contributions of .....% or £..... will be remitted by the employer with the member's regular contributions.

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

Full Name: .....

Position: .....

Email: .....

Name of Organisation: .....

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