



your pension

Group Money Purchase Scheme

Application Form

Please complete this form in **BLOCK CAPITALS**.

| | |
|------------------------------|----------------------|
| Title (Mr/Miss/Mrs) | <input type="text"/> |
| Surname | <input type="text"/> |
| First Name(s) | <input type="text"/> |
| Date of Birth | <input type="text"/> |
| Colleague No. | <input type="text"/> |
| National Insurance No. | <input type="text"/> |
| Date joined company | <input type="text"/> |
| Home Address (inc. postcode) | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

I confirm that I wish to join the HBOS Group Money Purchase Scheme

I confirm that the above information is correct and I agree to give up **4%** (or) **of basic pay** from my monthly salary, with HBOS paying an equivalent amount in to the Scheme on my behalf.

This way, you won't pay National Insurance (NI) or income tax on the amount given up – reducing the cost to you, whilst still saving the same amount towards your retirement.

If you do not want to give up part of your salary, you can still make monthly contributions to the Scheme through payroll, but these will be subject to NI deductions.

I understand that I may change this rate should my circumstances change or through Flex enrolment each year. I will give the trustees of the Scheme one month's notice of my chosen rate and my chosen rate will be between 2% and 100% of my basic pay.

By reducing your pay certain State benefits may be affected and you should make yourself familiar with these conditions based on the information at www.hbosgmpps.co.uk

I understand that the trustees of the Scheme and their advisers and administrators (as detailed in the Trustees' Report and Auditor's Statement) will need to process certain data about me in order to administer the Scheme, collect contributions and pay benefits. This data will be held for the duration of my membership of the Scheme or for any longer period necessary to enable the Scheme to answer questions relating to my benefits. This data may be shared with or transferred to my employer or third parties (for example, insurers and pension scheme administrators) providing services in connection with the administration of the Scheme. Every care is taken to ensure that personal data is held securely.

Signed _____ Date _____