



## THE CHEVIOT TRUST

# APPLICATION FOR MEMBERSHIP OF THE MONEY PURCHASE SCHEME OF THE CHEVIOT TRUST

## SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

SURNAME		TITLE
FIRST NAMES		
IF YOU HAVE CHANGED YOUR SURNAME PLEASE STATE ANY PREVIOUS SURNAME(S)		
HOME ADDRESS		
POSTCODE	TELEPHONE NUMBER	
EMAIL ADDRESS		
DATE OF BIRTH	NATIONAL INSURANCE NUMBER	
MARITAL STATUS	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
	WIDOWED <input type="checkbox"/>	CIVIL PARTNERSHIP <input type="checkbox"/>
	SINGLE <input type="checkbox"/>	

## SECTION B: EMPLOYMENT DETAILS

EMPLOYER'S NAME			
EMPLOYER'S ADDRESS			
POSTCODE	DX ADDRESS		
TELEPHONE NUMBER	FAX NUMBER		
DATE JOINED EMPLOYER	ANNUAL SALARY FOR PENSION PURPOSES £		
OCCUPATION			
NORMAL RETIREMENT AGE ASSUMED TO BE 65 UNLESS YOU INDICATE OTHERWISE			
DO YOU WORK PART TIME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CONTRACTUAL HOURS WORKED PER WEEK
DATE FROM WHICH YOU WISH TO JOIN THE SCHEME			



## SECTION C: LIFETIME ALLOWANCE PROTECTION

HELPLINE: 01702 354024

Please indicate if you have any protection and/or Lifetime Allowance Enhancement Factors. If so you may need to seek independent advice on whether the payment of a contribution affects your Protection. Enhanced Protection will be lost if you join the Scheme.

PRIMARY PROTECTION     ENHANCED PROTECTION     LIFETIME ALLOWANCE ENHANCEMENT FACTORS

If you have Lifetime Allowance Protection, please provide the certificate number(s)

HMRC Reference Number  
of the Certificate(s)

Please provide a copy of the  
HMRC Protection Certificates  
for each form of Protection.

## SECTION D: CONTRIBUTIONS

Please show details of your contributions as either a percentage of salary or as a fixed monthly amount.

	PERCENTAGE OF SALARY	OR	FIXED MONTHLY AMOUNT
CONTRIBUTED BY EMPLOYEE	<input type="text"/> %		£ <input type="text"/>
CONTRIBUTED BY EMPLOYER	<input type="text"/> %		£ <input type="text"/>
ADDITIONAL VOLUNTARY CONTRIBUTIONS	<input type="text"/> %		£ <input type="text"/>

Please Note: Your total contributions, including Additional Voluntary Contributions, but not those of your employer, must not exceed 100% of your taxable earnings, up to the Annual Allowance.

## SECTION E: TARGET RETIREMENT DATE

Insert the day, month and year in which you plan to retire.

Please note that this date does not need to be the same as your normal retirement date which is set by your employer.

If you are invested in the Cautious, Moderate or Growth options your Target Retirement Date will be used to gradually reduce your exposure to equity investments in the five years leading up to that date. This is to help to protect your account from stock market volatility.

See the Members' Explanatory Booklet for further details.

**Please ensure that you keep us informed in writing regarding any changes to your Target Retirement Date.**

TARGET RETIREMENT DATE

DAY

MONTH

YEAR

## SECTION F: INVESTMENT OPTIONS

The details of each option are provided in the Members' Explanatory Booklet. The value of funds can go down as well as up.

Your pension contributions include your own contributions, those made by your employer on your behalf and any Additional Voluntary Contributions you make.

Please pay all of my pension contributions into the funds selected below in the proportions shown.

SPECIFY WHOLE PERCENTAGES ONLY AND ENSURE THEY TOTAL 100%

CAUTIOUS OPTION	<input type="text"/> %
MODERATE OPTION	<input type="text"/> %
GROWTH OPTION	<input type="text"/> %
RETIREMENT PROTECTION OPTION ONLY AVAILABLE IF YOU ARE WITHIN 5 YEARS OF YOUR TARGET RETIREMENT DATE	<input type="text"/> %
TOTAL	<b>100%</b>

## Use this form to state your wishes regarding the distribution of any lump sum payable on your death

By completing this form, the Trustee Board will be able to take your wishes into consideration when distributing any lump sum payable on your death. This form is not binding on the Trustee Board. As payments are made at the discretion of the Trustee Board, they are not subject to inheritance tax under current legislation. The range of permissible beneficiaries is very wide and includes your spouse, civil partner, children, dependants, and any other relative, person or bodies, e.g. charitable organisations. You can change your mind at any time by completing a new form.

I wish the Trustee Board to consider the person or persons named below as possible beneficiaries of any lump sum benefits that are payable on my death. I understand that this form supersedes any previous Expression of Wishes Form or Nomination Form, I may have completed.

<b>1</b>	SURNAME			
	FIRST NAMES			
	HOME ADDRESS			
	RELATIONSHIP	PROPORTION OF BENEFIT	%	
<b>2</b>	SURNAME			
	FIRST NAMES			
	HOME ADDRESS			
	RELATIONSHIP	PROPORTION OF BENEFIT	%	
<b>3</b>	SURNAME			
	FIRST NAMES			
	HOME ADDRESS			
	RELATIONSHIP	PROPORTION OF BENEFIT	%	
			TOTAL	100%

Please continue on a separate sheet if you wish to name further beneficiaries.

**In accordance with the Data Protection Act 1998 I consent to the information on this form being held and processed by the Trustee Board of The Cheviot Trust for the purpose of administering any benefits payable on my death. I acknowledge that as a result of that Act there is a possibility that the information contained in this form could be disclosed to the beneficiaries named above.**

SIGNATURE
DATE

## SECTION H: DOCUMENTS ENCLOSED WITH THIS APPLICATION

You must supply your birth certificate or a certified copy. If you are married or in a civil partnership you must supply your marriage certificate, civil partnership registration certificate, or a certified copy. If you are divorced or your civil partnership has been dissolved you must supply your decree absolute or dissolution order or a certified copy. Please indicate which you are supplying.

	ORIGINAL	CERTIFIED COPY		ORIGINAL	CERTIFIED COPY
BIRTH CERTIFICATE	<input type="text"/>	<input type="text"/>	MARRIAGE CERTIFICATE	<input type="text"/>	<input type="text"/>
			DECREE ABSOLUTE	<input type="text"/>	<input type="text"/>
			CIVIL PARTNERSHIP REGISTRATION CERTIFICATE	<input type="text"/>	<input type="text"/>
			CIVIL PARTNERSHIP DISSOLUTION ORDER	<input type="text"/>	<input type="text"/>

## SECTION I: APPLICATION

### Member

Have you previously been a member of one of The Cheviot Trust Pension Schemes (Formerly known as Solicitors Staff Pension Fund)?

YES NO 

PREVIOUS MEMBERSHIP OR  
POLICY NUMBER(S) IF KNOWN

For the purposes of the Data Protection Act 1998, Cheviot Trustees Limited is a data controller. In order to administer the Scheme, collect contributions, and pay benefits, it is necessary for Cheviot and its subsidiary **Cheviot Financial Planning Limited** to hold and process personal data on its members. This data will be held for the duration of a person's membership of the Scheme or for any longer period necessary to enable Cheviot to answer questions relating to a member's benefits **or as may otherwise be required by law**. This data may be shared with or transferred to the member's employer or third parties (for example, insurers, actuaries, pension scheme administrators and banks) providing services in connection with the administration of the Scheme. Every care is taken to ensure that personal data is held securely. As a member of the Scheme, you agree to provide such personal data to the Trustee **from time to time** and consent to the processing of this personal data. If your circumstances change at any time in the future please inform Cheviot as soon as possible in order to ensure that all members' information remains accurate.

**In accordance with the Data Protection Act 1998 I consent for the purposes mentioned above to the information on this form being held and processed by the Trustee Board of The Cheviot Trust and others as mentioned above.**

**I apply for admission to membership of the pension scheme indicated. I agree to be bound by the Trust Deed and Rules as amended from time to time. I agree to pay the relevant contributions and authorise my employer to deduct these contributions from my salary.**

SIGNATURE OF APPLICANT DATE 

### EMPLOYER

We wish to provide additional lump sum death in service cover for this member of

£ 

or

 x salary

**We apply for admission of the named individual to membership of the Money Purchase Scheme of The Cheviot Trust. We agree to be bound by the Trust Deed and Rules as amended from time to time. We agree to pay the relevant contributions on a monthly basis including any contributions deducted from the member's salary.**

AUTHORISED SIGNATORY FOR THE EMPLOYER NAME DATE POSITION 

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO  
THE CHEVIOT TRUST  
CHEVIOT HOUSE, 70 BAXTER AVENUE, SOUTHEND-ON-SEA, ESSEX SS2 6JA**