



HELPLINE: 01702 354024

THE CHEVIOT TRUST

APPLICATION TO CHANGE CONTRIBUTIONS

Use this form if you wish to increase or decrease your contributions,
or if your employer is changing their contributions.

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"/>
CHEVIOT MEMBERSHIP NUMBER					

SECTION B: EMPLOYMENT DETAILS

EMPLOYER'S NAME			
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



SECTION C: CONTRIBUTIONS

Please show details of your contributions as either a percentage of salary or as a fixed monthly amount.
Do not include Contracted Out Money Purchase contributions.

	CURRENT	NEW
EITHER (A) PERCENTAGE OF SALARY	<input type="text"/>	<input type="text"/>
PERCENTAGE CONTRIBUTED BY EMPLOYEE	%	%
PERCENTAGE CONTRIBUTED BY EMPLOYER	<input type="text"/>	<input type="text"/>
	%	%
OR (B) FIXED MONTHLY CONTRIBUTION	<input type="text"/>	<input type="text"/>
AMOUNT CONTRIBUTED BY EMPLOYEE	£	£
AMOUNT CONTRIBUTED BY EMPLOYER	<input type="text"/>	<input type="text"/>
	£	£
ADDITIONAL VOLUNTARY CONTRIBUTIONS		
EITHER PERCENTAGE OF SALARY	<input type="text"/>	<input type="text"/>
CONTRIBUTED BY EMPLOYEE	%	%
OR FIXED MONTHLY AMOUNT	<input type="text"/>	<input type="text"/>
CONTRIBUTED BY EMPLOYEE	£	£

Please Note: Your total contributions, including contributions to the Contracted Out Money Purchase Scheme (COMPS), but not those of your Employer, must not exceed 100% of your taxable earnings or the Annual Allowance.

DATE WHEN NEW CONTRIBUTIONS WILL COMMENCE

(Please note that the Trustee Board must be given at least one month's written notice before these changes can be implemented.)

SECTION D: 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 contractual retirement date which is set by your employer. If you have 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 regarding any changes to your Target Retirement Date.

TARGET RETIREMENT DATE

DAY

MONTH

YEAR



SECTION E: INVESTMENT OPTIONS

Your pension contributions will continue to be invested according to your previous direction to The Cheviot Trust on how to invest contributions made to the Money Purchase Scheme by you or on your behalf.

If you wish to amend your investment options for future contributions you should complete a "Selection of Investment Options" form.

SECTION F: APPLICATION

Member

I apply to change contributions. I authorise my employer to deduct my new contributions from my salary.

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 above to the information on this form being held and processed by The Cheviot Trust, my employer and organisations providing services for the purpose of administering the scheme.

SIGNATURE OF APPLICANT	DATE
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WHEN YOU HAVE COMPLETED THIS FORM YOU MUST PASS IT TO YOUR EMPLOYER TO COMPLETE THE SECTION BELOW.

EMPLOYER

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**