



HELPLINE: 01702 354024

THE CHEVIOT TRUST

## APPLICATION TO CONTINUE MEMBERSHIP ON CHANGING EMPLOYER

### 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

NEW 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: CONTRIBUTIONS**

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

NEW EMPLOYER

**EITHER (A) PERCENTAGE OF SALARY**

PERCENTAGE CONTRIBUTED BY EMPLOYEE

 %

PERCENTAGE CONTRIBUTED BY EMPLOYER

 %**OR (B) FIXED MONTHLY CONTRIBUTION**

AMOUNT CONTRIBUTED BY EMPLOYEE

 £

AMOUNT CONTRIBUTED BY EMPLOYER

 £

ADDITIONAL VOLUNTARY CONTRIBUTIONS

**EITHER (A) PERCENTAGE OF SALARY**

PERCENTAGE CONTRIBUTED BY EMPLOYEE

 %**OR (B) FIXED MONTHLY CONTRIBUTION**

AMOUNT CONTRIBUTED BY EMPLOYEE

 £

DATE WHEN CONTRIBUTIONS FROM NEW EMPLOYMENT COMMENCE

**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.**



**SECTION D: APPLICATION****Member**

**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.**

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 Cheviot Trust, my employer, and organisations providing services for the purpose of administering the scheme.**

SIGNATURE OF APPLICANT	DATE
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**EMPLOYER**

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

£	or	x salary
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**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
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NAME
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DATE	POSITION
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**PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO  
THE CHEVIOT TRUST  
CHEVIOT HOUSE, 70 BAXTER AVENUE, SOUTHEND-ON-SEA, ESSEX SS2 6JA**