

BAE SYSTEMS 2000 PENSION PLAN

Application to Pay/Amend/Cease Additional Voluntary Contributions (AVCs) to the Selected Benefits Scheme (SBS) to purchase Additional Death in Service Life Cover / Spouse's Pension

Surname	<input type="text"/>	Forenames	<input type="text"/>
NI Number	<input type="text"/>	Membership No (if known)	<input type="text"/>
Date of Birth	<input type="text"/>	Contact Tel. No.	<input type="text"/>
		Email address	<input type="text"/>

Additional life cover maybe used to either purchase additional death in service lump sum benefit or additional spouse's pension in the event of your death in service. Please indicate which benefit you would like to increase:-

Death In service Lump Sum

Spouse's Pension

Please take independent financial advice if you are in any doubt about making Additional Voluntary Contributions to purchase additional Life Cover.

Please indicate the amount of SBS contributions that you wish to pay for additional Death in Service Lump Sum Benefit (DISLSB) or Spouse's Pension . This amount is in addition to any SBS contributions made to provide retirement benefits.

Current amount £ to £ month

Spouse's date of birth Number of dependants other than spouse

Please Note – Only your SBS Life cover contributions should be detailed above

Tick the box if you wish to stop paying death in service contributions

Changes to the contributions for the DISLSB can only be amended on your anniversary date of joining SBS.

Please contact the Pension Service Centre for details of the monthly cost of you providing a specific amount of DISLSB and Spouse's Pension

Actively At Work Declaration

I confirm that I have/have not (*delete as appropriate*) been absent from work on account of sickness or injury for more than five consecutive working days during the two months proceeding the date of signature below.

Signature

Date

Complete this Section to confirm your agreement to the deductions being made

Lifetime Allowance

If your total benefits are above the Lifetime Allowance, any excess benefits above the Lifetime Allowance will be subject to a special tax rate when they are paid. See the Plan booklet for more information.

Your contributions will be effective from the next available payroll period. To be implemented in the next month's payroll, this form must be received by the 20th of the previous month. You should inform us if you wish your contributions to be effective from a later date.

I authorise my employer to deduct the above contributions from my earnings and for the Trustees to provide additional death in service benefits.

Signature

Date

Take a copy of this form for your records and return the original to the Pensions Service Centre, PO Box 1194, Crawley, West Sussex, RH10 0FZ

Telephone No: 0845 180 1403

Fax No: 01772 705942