



THE SHIPBUILDING INDUSTRIES PENSION SCHEME

FINAL SALARY SECTION (SIPS/2)

APPLICATION TO PAY REGULAR ADDITIONAL VOLUNTARY CONTRIBUTIONS

Members should only complete parts A and B of this form. Your Personnel Department/Pensions Office will complete part C. This form must be completed and returned to your Personnel Department/Pensions Office at least 4 weeks prior to the Effective Date entered in part A.

PART A (to be completed by the member – please complete in block capitals)

Surname: _____ Date of Birth: ____/____/____
Forename(s): _____ NI Number: _____

	<u>INVESTMENT VEHICLES</u>
Please tick appropriate box	Please insert proportion in appropriate box
COMMENCEMENT OF CONTRIBUTIONS <input type="checkbox"/>	Lifestyle Option * <input type="checkbox"/> %
RECOMMENCEMENT OF CONTRIBUTIONS <input type="checkbox"/>	Prudential Cash Fund <input type="checkbox"/> %
EFFECTIVE DATE ____/____/____	Prudential Pre Retirement Fund <input type="checkbox"/> %
	Prudential Index-Linked Passive Fund <input type="checkbox"/> %
	BGI Aquila (50:50) Global Equity Index Fund <input type="checkbox"/> %
	BGI Aquila UK Equity Index Fund <input type="checkbox"/> %
	Prudential Property Fund <input type="checkbox"/> %

* Lifestyle option invests 100% of contributions in BGI Aquila (50:50) Global Equity Index Fund until 10 years before normal retirement date, and then progressively switches to 100% invested in Prudential Cash Fund.)

PART B (to be completed by the member)

From the date entered in Part A above and until further notice, Additional Voluntary Contributions are to be deducted and invested as follows:

At the rate of £ _____ per week / month (please circle chosen frequency)

I authorise the deduction of this contribution from my salary in accordance with the terms of the Scheme.

Member's Signature:

Date:

PART C (to be completed by the employer)

Fund Code

Paypoint Code

Company Code

Scheme Code

Current Annual Salary £ _____

Authorised Signatory:

Date:

ONCE COMPLETE, PLEASE FORWARD THIS FORM TO CAPITA HARTSHEAD

PART D (to be completed by Capita Hartshead)

Application Approved: Yes/No (delete as appropriate)

Signed:

Date:

