



THE SHIPBUILDING INDUSTRIES PENSION SCHEME

**FINAL SALARY SECTION (NEWSIPS/2B)**

**APPLICATION TO MAKE A CHANGE TO THE EXISTING RATE OF REGULAR  
ADDITIONAL VOLUNTARY CONTRIBUTIONS OR TO THE EXISTING  
INVESTMENT VEHICLE**

Members should only complete parts A and B of this form. Your Human Resources Department 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Forenames: \_\_\_\_\_ NI Number: \_\_\_\_\_

	<u>INVESTMENT VEHICLES</u>	
Please tick appropriate box	Please insert proportion in appropriate box	
INCREASE IN CONTRIBUTIONS <input type="checkbox"/>	<b>Lifestyle Option *</b>	<input type="checkbox"/> %
DECREASE IN CONTRIBUTIONS <input type="checkbox"/>	Prudential Cash Fund	<input type="checkbox"/> %
CESSATION OF CONTRIBUTIONS <input type="checkbox"/>	Prudential Pre Retirement Fund	<input type="checkbox"/> %
CHANGE IN INVESTMENT VEHICLE <input type="checkbox"/>	Prudential Index-Linked Passive Fund	<input type="checkbox"/> %
EFFECTIVE DATE ____/____/____	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"/> %
	Please insert proportion in appropriate box	<input type="checkbox"/>

**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:**