

AVC Application Form

PART 1: Your personal details

Surname: _____ Forenames: _____

NI Number: _____ Date of Birth: _____

Email: _____ Tel. No: _____

Address: _____

PART 2: How much AVC do you want to pay?

Please confirm the amount you wish to pay per month: £

PART 3: Investment options

Lifestyle options

Tick this box if you wish to invest your AVCs in the **Lifestyle into Pension option**.

Tick this box if you wish to invest your AVCs in the **Lifestyle into Cash option**.

Under both Lifestyle options you need to select a Target Retirement Age. Automatic switching will start five years before your Target Retirement Age.

Tick this box if your selected Target Retirement Age is the Scheme's Normal Retirement Age of 65.

Tick this box if you wish to select a Target Retirement Age different from the Scheme's Normal Retirement Age.

Please indicate your Target Retirement Age:

Self Select Fund options

(Complete this section if you have not selected the Lifestyle options and you want to select the funds yourself).

Select from these Funds	% to be invested (whole % only)
Aberdeen Asset Management Balanced Managed	
BGI Aquila UK Equity Index	
HSBC Amanah	
Prudential Cash	
Prudential Corporate Bond	
Prudential Deposit	
Prudential Equity	
Prudential Fixed Interest	
Prudential Global Equity	
Prudential Index Linked	
Prudential International Equity	
Prudential Long-term Growth	
Prudential Overseas Equity Passive	
Prudential Pre-retirement	
Prudential Property	
Prudential Retirement Protection	
Prudential Socially Responsible	
Prudential UK Specialist Equity	
Prudential With-Profits	
Schroders Diversified Growth	
Total	100%

By signing this form, I understand that I am instructing my employer to deduct from my earnings the contributions I have specified in part 2 of this form and for the Trustees to invest my AVCs as I have indicated. I understand that the choice I have made between the Self Select Funds and the Lifestyling options made available by the Trustees is entirely at my discretion and that the Trustees will not be liable or responsible for my choice. I understand that any proportions I have indicated above are only where my contributions will be invested and that my overall AVC fund may not continue to be proportioned in this way due to varying investment performance.

Signature: _____ Date: _____

In accordance with the Data Protection Act, you are advised that your personal data will be used to administer your pension and may be passed to professional advisers from time to time. By signing this form you are giving your consent to these uses of your personal data.

You may wish to consider taking independent financial advice prior to completing this form. If you need financial advice you will find information about Independent Financial Advisers in your area at www.unbiased.co.uk or by calling 0800 085 3250.

Please return this form to: Alvis Pension Scheme, Aon Consulting, Netherton House, 25 Marsh Street, Bristol BS1 4AQ.

If there is any change in the contributed amount or any AVC payment is to be made, a copy of the form should also be sent for payroll purposes to: **Claire Milner (Payroll Dept), Xchanging HRS (BLD2), Caxton Road, Fulwood Park, Preston PR2 9NN.**