frp | Defined Contribution

Flexible Retirement Plan

Employee Application Form

Please Complete sections 1 – 5 AND SIGN THE DECLARATION then pass the form to your employer to complete section 6 and sign their declaration.

Membership number, to be completed by TPT Retirement Solutions:

M .....

1 | Your details

Title: ..... ☐ Male ☐ Female

Surname: .....

Forename(s): .....

Address: .....

..... Postcode: .....

Email: .....

Telephone Number: ..... Date of Birth: ....

Status: ☐ single ☐ married ☐ widow(er) ☐ divorced ☐ civil partner

National Insurance Number: .....

Please advise TPT of any future changes of address or status.

What is your employer's name? .....

Personal data which is held will be processed in line with data protection laws. For more information see www.tpt.org.uk/privacy-policy. The Data Controller is Verity Trustees Ltd.

2 | Previous pension arrangements

Have you ever previously been a member of TPT? Yes ☐ No ☐

If yes, please provide the Membership Number, if known: M .....

and the name of your previous employer: .....

3 | Lump sum death benefit

Please nominate below who you wish to receive the lump sum death benefit that is payable should you die before retirement whilst being a member of the Flexible Retirement Plan (the Plan). If you do not nominate someone now, you can make a nomination at a later date.

There is no limit to the number of beneficiaries. (See 'Notes' below.) Use an extra sheet if required.

Full Name: .....

Relationship: .....

Date of Birth: .... Proportion: ..... %

Full Name: .....

Relationship: .....

Date of Birth: .... Proportion: ..... %

Your proportions must add up to 100%.

You may change your nomination at any time.

Lump sum death benefit

(a) You may nominate any one or more persons or organisations to receive this benefit. You must use the name of a person or organisation and not your 'Estate' or the title 'Executor' or 'Administrator'.

(b) Any nomination will be revoked automatically by the death of the person(s) nominated or by your later marriage, civil partnership, divorce or dissolution of a civil partnership. If you wish your original nomination to stand you must confirm this in writing to TPT.

(c) TPT has discretion over who is to receive the benefit and, in exceptional circumstances, where no information is available, reserves the right to retain all or part of the value of the benefit within the assets of the Scheme.

4 | Contribution Rate

Please indicate the contribution rate you wish to pay. This must be at least the minimum your employer requires you to pay. Contributions must be a % of your pensionable earnings.

I wish to pay 'normal' contributions ..... %.

I understand my employer will pay contributions of ..... %.

I wish to pay Additional Voluntary Contributions of ..... %.

5 | Investment choice

Selected Retirement Date (SRD)

Please indicate your intended retirement age which may be any date after age 55: .....

Now, please choose EITHER A) Default Target Date Fund Investment Option OR B) provide your own Investment Option (Self-select):

If no option is selected the Default Target Date Fund Investment Option will apply.

Please note: The return for each investment fund is directly related to the performance of the asset classes in which it is invested. The value of assets can go down as well as up. Past performance is not a guarantee of future performance.

A) Default Target Date Fund Investment Option

The Target Date Funds comprise a series of funds of different 'vintages' (e.g. 2038 - 2040), intended to match the selected retirement date of the member. Each fund is managed with the aim of giving the member the highest possible pension income after taking into account the number of years over which contributions will be made to their fund. The funds invest across a range of asset classes and the mix of assets in the fund will change over the life of the fund.

I wish the Default Target Date Fund Investment Option to apply to my personal fund (please tick here) ☐

OR B) Self-select Investment Option

I wish the Self-select Investment Option to apply to my personal fund and have indicated my selected investment funds below (please tick here) ☐

Index-Linked Gilts Fund	☐	..... %	Bond Fund	☐	..... %
Socially Responsible Investment Fund	☐	..... %	Property Fund	☐	..... %
Global Equity Fund	☐	..... %	Cash Fund	☐	..... %
Ethical Target Date Fund	☐	..... %	Diversified Growth Fund	☐	..... %

Your choices must add up to 100%.

Employee's Declaration

I hereby apply to become a member of the Flexible Retirement Plan, and I agree to be bound by the terms and conditions of the Scheme as set out in the Trust Deed and Rules and the Scheme Document (these formal documents are available on request). I confirm that I have read the information regarding the defined contribution (DC) structure that is available on the FRP DC website.

I understand the value of my fund is subject to market conditions and may go up or down depending on my investment choice and fund performance. I confirm that I have read the FRP information provided and understand the risks associated with my chosen investment option(s).

I consent to the processing of the data included in this form and any further personal information supplied by me or my employer.

I authorise my employer to deduct pension contributions from my salary (if appropriate) in accordance with the Trust Deed and Rules and Scheme Document.

I confirm that these are my wishes at the date below and that if my circumstances change I will advise TPT of this.

Signed: ..... Date: ....

Full Name: .....

We may, from time to time include State Pension details along with your FRP benefit details. In order that we can send you a pension forecast that includes information about your State Pension, we need to get some information about you from the Department for Work and Pensions (DWP). To get that information we need to disclose your personal details to the DWP.

The information we get from the DWP will be used only for the purposes of providing you with a forecast of your pension rights.

If you do not wish us to contact the DWP for this information, please tick this box ☐
As a result of this, the pension forecast you receive from us will not include State Pension information.

For further information, please refer to our website **www.tpt.org.uk**.

Employers are required to fully complete section 6 and sign the declaration.

6 | Employer Details

Name of Organisation: .....

Employer Reference Number: .....

Date employee joined employment: ....

Payroll Number: .....

Is the employee employed on a part-time basis? Yes ☐ No ☐

If **Yes**: Contractual hours per week: ..... Standard full-time hours: .....

Date of joining the Scheme: ....

Annual Pensionable Salary: £ ..... p.a.

Please tick if employee is on overseas payroll: .....

Declaration for late entrants

This declaration is in respect of an employee applying to join the Scheme later than one year from becoming eligible to do so.

Has the employee completed three months' continuous service without absence through illness or injury immediately prior to the date they wish to join the Plan?
☐ Yes ☐ No

If No, please provide details of the period(s) of absence and the reason. (Please use an additional sheet if required.) If the member has not completed three months' continuous service, the enrolment may be postponed until this criterion has been met. Should this be the case, you will be informed by TPT.

Date(s) of absence: Reason for absence:

.... to ....

.... to ....

Now please complete the declaration on page 6 and then send the completed form to TPT.

Employer's Declaration

I certify that the applicant is an employee of our organisation and I agree to ensure that contributions are paid to TPT on behalf of this employee.

I understand contributions must be received by TPT within legal time limits and must not be deducted before I receive confirmation that the employee has been enrolled.

I confirm that the employee is to be enrolled into the DC structure operated by our organisation.

I confirm that Payroll have been informed to deduct the contributions at the stated rate.

Employer Contribution Rate: ..... %

Employee Normal Contribution Rate: ..... %

Employee Additional Voluntary Contribution rate ..... %

(Where a Salary Sacrifice arrangement is in place please enter 0 in the Employee Contribution Rate section and the total contributions in the Employer Contribution Rate.)

Signed: ..... Date: ....

Full Name: .....

Position: .....

Email: .....

The completed form should be sent to FRP at the address below. Any queries please call **0345 072 6780** or email **TPTenquiries@jltgroup.com**

JLT Benefit Solutions Ltd, Post Handling Team, St James' Tower, 7 Charlotte Street, Manchester M1 4DZ **Tel:** 0345 072 6780 **Fax:** 0113 394 2698
Email: TPTenquiries@jltgroup.com or visit **www.tpt.org.uk** **www.frpdc.org.uk**

tpt Retirement Solutions