

Continue Membership on Changing Employer

SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

Surname	Title
First Name(s)	Membership number
Contact Telephone number	

SECTION B: EMPLOYMENT DETAILS

PLEASE USE CAPITAL LETTERS

New employer's name	
Date joined employer	Annual salary for pensions purposes £
Occupation	
Normal retirement age assumed to be 65 unless you indicate otherwise	
Part time working <input type="checkbox"/> Yes <input type="checkbox"/> No	Contractual hours worked per week
Date from which you wish to re-join the scheme	
Any salary sacrifice arrangements <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide details	

SECTION C: CONTRIBUTIONS

Please show details of your contributions as either a percentage of salary or as a fixed monthly amount.

Percentage of salary

OR

Fixed monthly amount

	Percentage of salary	OR	Fixed monthly amount
Your contributions	%		£
Your employer's contributions	%		£
Any additional voluntary contributions	%		£
Date when new contributions will commence			

Please see our website for details of limits and allowances.

Your Investment options and Target Retirement Date will remain as per your previous direction to The Cheviot Trust.

If you wish to amend these, please complete an Investment Options Form.

SECTION D: APPLICATION

MEMBER

I apply for membership of the Cheviot Pension. I agree to be bound by the Trust Deed and Rules as amended from time to time. I agree to pay the relevant contributions and authorise my employer to deduct these contributions from my salary. I have read the information about the Cheviot Pension on the website.

I acknowledge that the information on this form is held and processed by The Cheviot Trust, my employer and organisations providing services for the purposes of administering the scheme, in accordance with the Data Protection Act 2018 and the General Data Protection Regulation. Further details about how we use your personal data can be found in our Privacy policy which is available at <https://mycheviotpension/privacy-policy/>

Signature of applicant:	Date:
-------------------------	-------

When you have completed this form you must pass it on to your employer to complete the section below

EMPLOYER

We wish to provide additional lump sum death in service cover for this member of

£

OR

x salary

We apply for admission of the named individual to membership of the Cheviot Pension. We agree to be bound by the Trust Deed and Rules as amended from time to time. We agree to pay the relevant contributions on a monthly basis including any contributions deducted from the member's salary.

Authorised signatory for the employer:	
Name:	
Date:	Position:

Please complete this form and return to the following address:

The Cheviot Trust, Kingswood House, 58 – 64 Baxter Avenue,
Southend-on-Sea, Essex SS2 6BG

T. 01702 354024

E. people@cheviottrust.com

W. www.mycheviotpension.com