

# Membership Application

Please read the statements on this form carefully, complete the relevant sections on both sides and return as follows:

**New Staff:**

Please return this application form with your other offer related paperwork in the envelope provided.

**Current Staff:**

Please return this application form to Human Resources Department, 21st Floor, Miller Street, Manchester, M60 0AL.

**Personal Details**

For Office Use Only: B  C

Please complete in BLOCK CAPITALS

\*Please delete as appropriate

Surname \_\_\_\_\_

Mr / Mrs / Miss / Ms \*

First name(s) \_\_\_\_\_

Date of birth 

D	D	M	M	Y	Y
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Home address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Post code \_\_\_\_\_

Contact telephone number \_\_\_\_\_

National Insurance number 

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Employee number \_\_\_\_\_  
 (current staff)

Date employment commenced 

D	D	M	M	Y	Y
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**Please note:** Your first contributions will be deducted from the next full pay period after you have completed 3 months continuous employment and your joining date will be the start of this pay period.

**Pension Option**

I have read the PACE Members' Guide and the factsheet "Paying Your Pension Contributions – Your Options Explained" and after careful consideration (including obtaining independent financial advice where I felt it necessary), would like my pension option to be noted as follows:

*Please tick one of the following options:*

**SALARY SACRIFICE**

I would like to join PACE and agree to a reduction in my contractual salary, equal to the pension contributions that would otherwise have been deducted from my earnings by Payroll Deduction. I agree to abide by the PACE Rules. I accept that there may be certain circumstances when my Employer may need to switch me to Payroll Deduction without my consent, but I understand that I will be automatically switched back to Salary Sacrifice when it is appropriate to do so. I note that Salary Sacrifice constitutes a change to my terms and conditions of employment under the Employment Rights Act 1996.

**PAYROLL DEDUCTION**

I would like to join PACE and would like to have my pension contributions deducted from my earnings by Payroll Deduction. I agree to abide by the PACE Rules and I authorise contributions to be deducted from my pay at the rates applicable under the Rules.

**Please read the following section carefully and complete box A or B before signing the declaration.**

**I apply to join PACE** – the Co-operative Group Pension (Average Career Earnings) Scheme, and I agree to abide by the PACE Rules.

**A** I am not currently suffering from any medical condition and I am not aware of any circumstances, including previous medical conditions, which may cause additional risk of my early retirement or death in service.

**Box A**

**B** I cannot confirm the statement at **A** above and I enclose a separate letter of explanation.

**Box B**

I understand that my benefits under PACE may be restricted when applying to join if:

- I have any medical conditions, or
- I do not disclose details of any medical conditions

which may cause additional risk of early retirement or death in service.

**Declaration**

By signing and dating this declaration you are confirming your choice of Salary Sacrifice or Payroll Deduction and that:

- You agree to abide by the PACE Rules.
- You understand that PACE Trustees Ltd and their advisers and administrators will need to process certain data about you. You further understand that this may include items categorised under the Data Protection Act 1998 as 'sensitive data' such as medical details or death benefits nominations. You accept that PACE Trustees Ltd, their advisers and administrators need this data to calculate and pay benefits, for statistical purposes, for reference purposes and to administer PACE as a whole. You agree to all of this data processing taking place.
- To the best of your knowledge and belief, your total contributions to any registered pension schemes will not exceed the higher of £3,600 or your total UK employment income in any tax year.
- By the end of the tax year or 30 days after the event, you will inform Group Pensions Department in writing if an event occurs which results in you becoming no longer entitled to tax relief on your contributions.
- To the best of your knowledge and belief, the details given on this application form (including this declaration) are correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

