



Re-joining partnership application

You **must** complete parts A, B and C of this form and return it to your employer's HR section for completion of the remaining parts.

Part A - Your details

Your name

Your department / agency

Your address and postcode

Telephone

E-mail

Date of birth

National Insurance number

Part B - Your partnership pension account details

partnership provider

Scottish Widows

Standard Life

partnership pension account number (if known)

the **partnership** contribution rate you wish to make

% of salary

Part C - Authority

I authorise my employer to deduct my **partnership** pension account contributions from my salary, at the rate shown in Part B above.

Signature: _____

Date: ____ / ____ / ____



Part D - Employer actions

This section is to be completed by the Employer.

Employer / Payroll code

				/			
D	D	M	M		Y	Y	Y

State the first payday on which payments are to be deducted

Age-related payment % + Matching payment % = Total employer payment %

Annual pensionable earnings

£

Payroll reference number

This application form has been approved and checked on behalf of the Employer and will be taken by the provider as a declaration of earnings.

Employer contact details

Full name (please print)

Telephone

Signed: _____

Date: ____ / ____ / ____

Please send a copy of this form to the **partnership** provider listed at Part B on the previous page. Keep the original on the member's HR file.