



# Contribution change request form for the partnership pension account & Civil Service Additional Voluntary Contribution Scheme (CSAVCS)

Please complete this form in black ink and in **BLOCK CAPITALS** and return it to your employer's payroll department.

## Your personal details

Your name

Your address

Postcode

Your date of birth

Your telephone number

Your National Insurance (NI) number

Your pay number

## Your contributions

**I wish to revise my contribution rate**

**I wish to cease my contributions**

Please confirm the amount you wish to contribute.

If you wish to cease your contribution, enter zero here.

**% of pensionable pay per month OR £ per month**

## Your declaration

Please revise or cease my contribution rate (as detailed above) from my salary from the next available pay period.

**Your signature**

**Date**

The scheme is committed to managing your data in line with the Data Protection Legislation. For more information about how your data is managed, please visit:  
[www.civilservicepensionscheme.org.uk/privacy-policy](http://www.civilservicepensionscheme.org.uk/privacy-policy)