

SCOTTISH WIDOWS

official pensions and investment provider



Employee Application Form

Local Authority AVC

For OFFICE Use Only

Agency Number

Referral Type

Vantive Lead ID

Introducer Code

(if different from above)

Campaign Code

SB Code

Branch Sort Code

Please ensure all sections of the form are completed and both the employee and employer declarations are signed and dated.

A. Your details

NOTES

- (1) This should be your permanent residential address. We will send all correspondence to this address. Please ensure the postcode is provided.
- (2) Please ensure you complete if your address is outside England/Scotland/Wales and N.Ireland.
- (3) Your National Insurance number can be found on a payslip or a P60, or on a tax return. If you have a National Insurance number, it is essential that you provide it. Without a National Insurance number, we are unable to accept contributions and cannot process your application. If you cannot find your National Insurance number please phone the HM Revenue & Customs Enquiry helpline on **0845 915 7006**.
- (4) Your AVC will be a fixed amount which will only change when you tell your employer and they tell Scottish Widows. The fixed contribution can either be a monetary amount or a percentage of your salary at the date you joined the Scheme.
The minimum amount is normally £20 per month. Contact your Scheme Administrator for further details.
The maximum amount you can contribute to AVCs in each job where you pay into the LGPS is 50% of the pensionable pay of that employment or an amount equal to 50% of the pensionable pay of that employment.
- (5) Your AVC contributions will be collected by your employer and forwarded to Scottish Widows. This will usually be at the same time as any contributions to your employer's main pension scheme. The first payment will normally be collected in the month that the application is received, or the following month.

1. Your title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/> (please specify)
2. Your surname	<input type="text"/>
3. Your first name(s)	<input type="text"/>
4. Your address (see note 1)	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
5. Country (see note 2)	<input type="text"/>
6. Are you	Male <input type="checkbox"/> Female <input type="checkbox"/>
7. Your marital status	Single <input type="checkbox"/> Married / in a registered civil partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced / registered civil partnership dissolved <input type="checkbox"/> Widowed / a surviving registered civil partner <input type="checkbox"/>
8. Your date of birth (DD MM YYYY)	<input type="text"/>
9. Your National Insurance number (see note 3)	<input type="text"/>

B. Your payments

1. Regular payments	
By you from your salary (see note 4)	<input type="text"/> £ <input type="text"/> or <input type="text"/> % of salary
Which month would you like your first payment to be taken? (see note 5)	<input type="text"/>

F. Employee's employment details

NOTES (CONT'D)

(6) If you provide a reference number it will appear on any contribution list.

1. What is the employee's annual pensionable salary?

£

2. What is the employee's pay number or staff number?

(see note 6)

3. How is the employee paid? (please tick the appropriate box)

Weekly

Monthly

G. Declaration by employer

I request Scottish Widows plc to issue a policy in accordance with the above particulars.

Signature

Name (please print)

Date (DD MM YYYY)

On behalf of

(Insert name of the employer)

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As part of the Lloyds Banking Group, Scottish Widows is proud to be an Official Provider of the London 2012 Olympic and Paralympic Games.

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Scottish Widows plc is authorised and regulated by the Financial Services Authority. Our FSA Register number is 191517.

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