

Election to pay Additional Voluntary Contributions (AVCs)

1. Please complete this section in block capitals

Surname : _____ Mr / Mrs / Ms / Miss

First names : _____

Date of birth : _____ Work telephone number (if applicable) : _____

Home address : _____

2. Please enter the amount which you wish to pay

I elect to pay an Additional Voluntary Contribution of £ _____ per week / month (delete as appropriate) and I authorise the deduction from my pay to commence from the next available pay period

3. Please show the way(s) in which your AVCs are to be invested

Payment	Investment
£ _____ per week / month	The Building Society Fund
£ _____ per week / month	The With Profits Fund
£ _____ * per week / month	The Discretionary Fund

* minimum investment in this Fund is £5 per week / £20 per month

4. Please answer the following questions about any other pension rights - circle appropriate answer

Have you made an investment in a personal pension or do you have any entitlement to a pension which is either in payment or preserved? Yes / No

Are you already paying Additional Voluntary Contributions to another pension provider? Yes / No

Have you received any lump sum payment from a pension scheme other than the return of the contributions which you paid? Yes / No

If you have answered Yes to any question, please provide full details overleaf of the relevant amount(s) and the name(s) of the relevant pension scheme or provider

5. Please now sign and date this form and return it to -

The Pensions Office
Corporate Services
County Hall
NEWPORT
Isle of Wight PO30 1UD

Signed : _____ Date : _____