

AVC Application Form



Member No

Full Name: Mr/Ms/Miss/Mrs _____ (CAPITALS)

NI Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I wish to stop/start/alter* my AVC contributions. ** please delete where applicable.*

The amount to be deducted from my pay in the future should be:

a) per month *(enter £0.00 if you are stopping contributions)*
or *(minimum contribution £10 per month, unless stopping contributions)*
b) % of my pay *(including Main Scheme contributions*)*

NB Total contributions (including contributions to the Main Scheme*) cannot exceed 80% of your total pay

**If you take part in XTRA then contributions to the Main Scheme means those contributions that the company is paying on your behalf.*

I wish to invest the contributions in one of the following: (You can invest in a maximum of six funds at any one time.)
(Please show how you wish these to be split, eg: FP Baillie Gifford Managed Fund 75%/FP UK Equity Fund 25%).

FP Cash Fund	<input type="text" value=""/>	%	FP Managed Fund	<input type="text" value=""/>	%
FP Fixed Interest Fund	<input type="text" value=""/>	%	FP Baillie Gifford International Fund	<input type="text" value=""/>	%
FP BlackRock Over 15 Years Corporate Bond Index (Aquila HP) Fund	<input type="text" value=""/>	%	FP Global Equity Fund	<input type="text" value=""/>	%
FP Baillie Gifford Managed Fund	<input type="text" value=""/>	%	FP UK Equity Fund	<input type="text" value=""/>	%
Total allocation of contributions (This must equal 100%)					100 %

Signed: _____

Date: _____

(When complete, please return to your Payroll Office)

FOR PAYROLL USE ONLY

Date this contribution was first deducted _____

It is certified that the total pension contribution is within the current scheme limits.

Signed: _____

Date: _____