Application to join Harmsworth Pension Scheme: Standard

FULL NAME: Mr/Mrs/Miss/Ms _____**NI NUMBER**: _____
(BLOCK CAPITALS PLEASE)

EMPLOYING COMPANY: _____**LOCATION**:_____
(This is the company shown on your employment contract)

EMAIL ADDRESS: _____**OCCUPATION:**_____

1. TO JOIN THE HARMSWORTH PENSION SCHEME PLEASE READ THIS SECTION AND SIGN IT

I note that I will receive notification of my membership details from DMGT Pensions as soon as I start contributing to the scheme. If I have not received this within 6 weeks then I should contact DMGT Pensions on 020 7395 7272.

I agree to be bound by the trust deed and rules governing the Harmsworth Pension Scheme (which take precedence over the scheme guide in the event of any conflict of wording).

I authorise the Company to deduct the necessary contributions from my pay and understand that I will be contracted-out of the State Second Pension.

I understand that the Company operates a salary sacrifice arrangement ('XTRA') for the Harmsworth Pension Scheme. I will be automatically included in XTRA when I become a member of the Harmsworth Pension Scheme and my gross contractual rate of pay will be reduced by the amount of the employee contribution that the scheme requires. The Company will pay an amount directly into the Harmsworth Pension Scheme equal to the contribution rate in addition to their employer contribution.

If I joined the DMGT group before 1 January 2009 I am entitled to opt out of XTRA before I join the scheme. If I would like to opt out, I will contact DMGT Pensions on 020 7392 7272 to obtain an opt out form which I will submit with this application form.

I understand that the scheme's trustees, their advisers and administrators (as detailed in the annual scheme report and accounts) will need to process certain data about me. I further understand that this may include items categorised under the Data Protection Act 1998 as 'sensitive data', such as medical details or death benefit nominations. I accept that the trustees, and their advisers and administrators, need this data to calculate and pay benefits, for statistical purposes, for reference purposes and to administer the scheme as a whole. I agree to this entire processing taking place.

I understand that for security reasons any correspondence and papers relating to my membership of the Harmsworth Pension Scheme are stored as an electronic image on my computer record.

As I must provide evidence of my date of birth as being ____/____/_____ a copy of my birth certificate, certified by a manager is enclosed.

SIGNED: _____**DATE**: _____

2. TO QUALIFY FOR THE LIFE ASSURANCE AND ILL HEALTH RETIREMENT BENEFITS PLEASE COMPLETE THIS SHORT HEALTH DECLARATION AND SIGN IT

Have you ever suffered from a serious illness? Yes/No

Have you made a proposal to an insurance company for life/sickness/critical illness/ accidental death cover that has been refused, accepted on special terms or deferred? Yes/No

The scheme's trustees reserve the right to ask you more questions.

SIGNED: _____**DATE**: _____

PLEASE SEND THIS FORM AND A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE TO PAYROLL AS SOON AS POSSIBLE.