



APPLICATION TO JOIN HARMSWORTH PENSION SCHEME AND INSTRUCTION TO PAY SPECIAL CONTRIBUTIONS

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 COMPLETE THIS SECTION AND SIGN IT

I note that I will receive confirmation of my membership from DMGT Pensions as soon as I start paying into the scheme. If I do not receive this within 6 weeks then I should contact DMGT Pensions on 020 7395 7272.

I authorise the Company to deduct the necessary contributions from my pay.

I understand that the Company operates a salary sacrifice arrangement ('XTRA') for the scheme. I will be **automatically included in XTRA** when I become a member of the 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 scheme equal to the contribution rate in addition to their employer contribution. **Please note you will not have your contributions refunded if you leave the scheme before two years of membership.** You can refer to the scheme guide for details of the options available on leaving the scheme.

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

I understand that the scheme's trustees, their advisers and administrators will need to process certain data about me, including 'sensitive data' as categorised under the Data Protection Act 1998, such as medical details or death benefit nominations. I accept that the trustees, their advisers and administrators, need this data to calculate and pay benefits, for statistical and 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 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 or passport, certified by a manager is enclosed.**
- **Which section of the scheme do you wish to join? Standard/Plus***

***Delete whichever is not applicable. If you do not state a preference you will automatically join the Standard section.**

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:
A&N Finance Services Ltd, Payroll Department, PO Box 6795, St George Street, Leicester LE1 1ZP
(Please do not send your form to DMGT Pensions or HR as this will cause a delay to your application)**