

Affinity Water Pension Plan Decision Form Money Purchase Division

This form must be filled in and returned to the Pensions & Payroll Team

Please read the Data Protection Act statement enclosed with the Information Pack. This explains how the personal information you provide in this form may be processed and contains details of obligations under the Data Protection Act 1998. By signing this form, you consent to the use of your personal information in the ways described in the statement.

Please complete the personal details section of the form below. Then indicate whether you wish to join the Affinity Water Plan or opt out of the Group's pension arrangements altogether by completing the appropriate section of this form and returning it to the Affinity Water Payroll & Pensions Team.

PLEASE COMPLETE IN BLOCK CAPITALS **please delete as applicable*

Surname	Maiden name if married woman	Forenames(s)	Mr* Mrs Miss Ms	Married* Single Divorced Widowed

Date of birth			
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NI No.							
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Name of employer	
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Location	
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Spouse's name (in full)	
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Spouse's date of birth			
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YES JOINING THE PLAN

I have read the accompanying guide and I wish to join the Affinity Water Pension Plan. I agree that the contributions required from me under the Plan's Rules will be deducted from my salary.

Signed..... Date.....

COMPLETION OF THIS FORM DOES NOT NECESSARILY MEAN THAT YOU WILL BE ADMITTED TO THE PENSION PLAN.

If you are not joining the Plan within two years of your first opportunity your death benefits will be restricted. Please refer to the Plan guide for further details.

Completed forms should be accompanied by your Birth Certificate. Married members should also provide their Marriage Certificate and spouse's Birth Certificate. This form should not be delayed, however, if these Certificates are not immediately available.

PLEASE TURN OVER AND COMPLETE THE 'YOUR INVESTMENT CHOICES' AND 'YOUR OTHER PENSION ARRANGEMENTS' SECTIONS. IF APPROPRIATE YOU SHOULD ALSO COMPLETE THE SECTIONS 'YOUR CONTRIBUTIONS' AND 'YOUR STATE BENEFITS'.

NO NOT JOINING THE PLAN

I have read the accompanying guide and I do not wish to join the Affinity Water Pension Plan. I understand that:

- Neither I nor my dependants will be entitled to any benefits from the Plan.
- The Company will not contribute to a personal pension or stakeholder pension arrangement.
- If I change my mind, I will only be able to apply to join the Plan subject to the Company's and the Trustee's consent.

I have considered the implications of my decision and I fully understand that neither I nor my dependants have a right to make any claims against the Affinity Water Pension Plan in the event of my retirement, incapacity or death (except where there may be a reduced lump sum death benefit).

Signed Date.....

NOW RETURN THE FORM TO THE AFFINITY WATER PAYROLL AND PENSIONS TEAM YOU DO NOT NEED TO FILL IN THE REST OF THE FORM BUT DON'T FORGET TO COMPLETE AN EXPRESSION OF WISH FORM.

Your contributions

Please read the Plan Guide to the Affinity Water Pension Plan and the General Notes then enter your rate of contribution in this box

 %

Your investment choices

I have read the guide to the Affinity Water Pension Plan and the leaflet entitled 'Your Investment Choices'. I would like my contributions to be invested as shown on the attached Investment Choices Form.

I note that if I do not indicate how I wish my contributions to be invested then all contributions will be invested using the **Lifestyle** option.

Your other pension arrangements

Please complete the following particulars of any pension scheme membership relating to employment with your current or any former employer.

Name of Employer(s)	Nature of Employment	Pensionable Service		Address to Contact
		From	To	

If you are interested in transferring any of the above benefits to the Plan please ask the Affinity Water Pensions and Payroll Team for a Transfer Pack.

Are you currently contributing to a personal pension plan or stakeholder scheme?

ADDITIONAL CONTACT DETAILS

PLEASE COMPLETE IN BLOCK CAPITALS (ONLY IF YOU DECIDED TO JOIN THE PLAN).

Address			
			Postcode
Email address			

PLEASE RETURN TO THE AFFINITY WATER PAYROLL & PENSIONS TEAM

TO BE COMPLETED BY THE EMPLOYER

Name of Member		NI No	
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Job Title	
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Full-time		or part-time		If part-time number of hours per week		per week	and equivalent full time hours		per week
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Date of Appointment			
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Date of joining Plan			
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Is the member joining within two years of his/her first possible opportunity?
 (If no, please refer to the Affinity Water payroll and Pensions Team)

Commencing salary or wages to be classed as Pensionable Pay per annum

The pay required is that at the time when employment commenced, or the date of joining the Plan, if later.

Deductions commenced from Rate of Employer Contribution %

Does the member hold a married woman's reduced liability certificate?

When completing the Decision Form, an "Expression of Wish" form should also be completed. The Expression of Wish form should be retained by the Employer, who should refer to it in the event of a death claim arising.

Has the member completed an Expression of Wish form?

Birth Certificate checked by		(initials)
Marriage Certificate checked by		(initials)
Spouse's Birth Certificate checked by		(initials)

We confirm that the information given by the employee and the Company is correct.

Signed (for the company):	Date:
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PLEASE SEND TO:- HYMANS ROBERTSON LLP, ADMINISTRATION PRACTICE, ONE LONDON WALL, LONDON. EC2Y 5EA

ACKNOWLEDGEMENT FORM

We acknowledge receipt of your Decision form for the Affinity Water Pension Plan.

Name:		Location:	
Address:		Signed by the employer	
		Name:	
		Position:	
		Date:	
Comments if any:			

To be completed By Hymans Robertson LLP

Date of admission to pension plan

Personal computer record completed by On.....

Personal computer record checked byOn.....

Remarks.....

THE USE OF THE DATA PROVIDED IN THIS FORM IS REGISTERED UNDER CURRENT DATA PROTECTION LEGISLATION.