

AVC Application Form

Please use this form to join the Scheme for AVC purposes, and to inform the Trustees / Cheshire Ireland of your intention to pay AVCs or change your existing arrangements. You should read the Scheme booklet before completing this form.

1. Personal details

PLEASE USE BLOCK CAPITALS

Full name:

Home address :

Email Address:

PPS number:

Employee number:

Date of birth:

Sex:

Basic Salary:

Date of entry into Service:

Date of entry into the Scheme:

2. Payment of AVCs

I wish to pay AVCs of _____ % of basic Salary with effect from _____

I wish to pay AVCs of € _____ per month with effect from _____

I wish to pay an AVC amount of € _____ as a lump sum deducted from the month of _____

This instruction cancels any previously submitted.

Your AVCs will be invested in the same funds that your core contributions are currently being invested in.

You will need to complete an Investment Choice form to change how your future AVCs (and core contributions) are invested.

I authorise Cheshire Ireland to deduct the AVCs detailed on this form from my Salary and to pay those contributions on my behalf as detailed.

Signature:

Date:

Please return this form to Payroll.