

AVC Application Form

lame:			Member Refere	nce:	
	ay Added Years AVCs O DNE section, and then s			nase AV(Cs.
you wish to pay	, ADDED YEARS AVCs, _I	please co	omplete this sectio	n.	
wish to pay:					
A monthly contribution of or				% (of my Capped Salary
A one-off lump sum		£			
nd I wish this to	provide additional pe	nsion (pl	ease select one op	tion bel	ow):
For	nyself only or				
For myself and, on my death a 2/3 pension for my spouse/partner					

If you wish to pay MONEY PURCHASE AVCs (MPAVCs), please complete this section.

Your investments can only be held in one of the following options. Please select ONE of the following MPAVCs Funds you wish to invest in:

Cash Targeted*	Monthly % contribution	% of Taxable Pay
	Monthly fixed contribution	
	One off lump sum	
	Monthly % contribution	% of Taxable Pay
Annuity Protected	Monthly fixed contribution	
	One off lump sum	
Deposit	Monthly % contribution	% of Taxable Pay
	Monthly fixed contribution	
	One off lump sum	

NB: If you already hold MPAVCs in the Scheme these will be switched/aligned to the choice you make above.

*My planned retirement age is (this must be a whole year aged 60 or over):	
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If you have selected to pay MPAVCs, please also complete the following

CONVERSION OF MONEY PURCHASE AVC FUND(S) INTO PENSION

Special arrangements exist for conversion of the MPAVC fund(s) in the case of (a) Death in Service or (b) future inability to make a decision on medical grounds.

The fund will be used to increase, in turn, each of the benefits listed below.

Should you wish to change the order of the benefits listed below, please indicate by entering the appropriate numbers in the spaces provided.

Order	Your Choice (if different)			
a) Death in Service				
Lump Sum Death in Service	1			
Spouse's/Dependant's Pension	2			
Child's Pension	3			
b) Future inability to make a decision on medical				
Lump Sum Death in Service	1			
Spouse's/Dependant's Pension	2			
Child's Pension	3			

If you are satisfied with the standard order of benefi	ts, please tick here:
Additional Information Full details of the different type which is available on the website: https://cadentgasper	
Please note: The contribution amount you quote on this from your Pay & not the net amount after tax relief. Including whole of your pension contributions.	· ·
Phone Number:	Signed:
Email Address:	Dated:

Payroll: once actioned the form should be sent to Mercer, Maclaren House, Talbot Road, Stretford, Manchester, M32 OFP or uploaded via the secure web portal at www.contact.mercer.com.

Please return this form to the Employer in the first instance (mypeopleservices@cadentgas.com)

FAO payroll.