ALSTOM Ltd Group Personal Pension Plan (Alstom GPP)





ALSTOM Ltd Group Personal Pension Plan

Applying to pay, change or cancel Additional Voluntary Contributions (AVCs)

Please use this form to commence paying AVCs, to change the level of AVCs or to cancel AVCs.

Important - this form does not allow you to make, change or cancel AVCs through the Salary Sacrifice arrangement. This can only be done at Annual Renewal on 6 April or on a Qualifying Lifestyle Event.

YOUR PERSONAL DETAILS	Please use BLOCK CAPITALS					
National Insurance Number:						
Surname:	Title: Sex:					
First Names:						
Home address:						
	Postcode:					
Employing Company:						
Where the employment is based:	Daytime phone number:					
Date joined Company:	DOB:					
REQUEST TO CANCEL AVCs						
I wish to cancel my AVCs with effect from						
I want this instruction to take effect from the first payroll on or after:						
Please go straight to the Member Declaration on Page 2 of this form.						

REQUEST TO START PAYING OR CHANGE AVCs

Your Application

I confirm the following

- I am a member of the ALSTOM Ltd Group Personal Pension Plan.
- I wish to pay AVCs and understand that they will not be matched by the Company.



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AVCs Form

REQUEST TO STA	RT PAYING OR CH	ANGE AVCs					
					Start AVCs	Change AVCs	
Please indicate whether you are applying to start paying AVCs,				je AVCs.	AVCS	AVCS	(Please tick one box)
	/Cs you want to pa deduct the amount o	ny of AVCs shown below fr	om my ea	rnings and pa	y them to	the ALST(DM Ltd Group Personal
I want this instruction	uction to take effect from the first payroll on or						
contributions, you AVCs. You can ch	u should first cons loose the level of c		mum levo s you wa	el of ordinar nt to pay w	y contrib hen you j	utions (8 oin the <i>A</i>	ning Company 8%) before paying regular Alstom GPP, and then
	A percentage of my Earnings	Pensionable	or	A fixed amo	unt	in ea	nch pay period
Regular AVCs		%	£				
The regular AVCs w	hich you elect to pay	by completing the abov	e will be o	leducted from	your salar	y in each	pay period.
One-off lump sun I want to make a or		payment. This amount	t is on top	of any regulai	r AVCs I m	ay be ma	king.
The amount I want	to pay is:	£					
I want this instruction to take effect in the first payroll on or after:							
Your AVCs will be	e invested in line v	ith your instructions	for your	Alstom GPF	ontribu c	ıtions.	
 AVCs will be in I understand the files. The admin arising from my organisations, 	nat payroll will deduc vested in accordance nat the administrator nistrators may use th y being a member of including my employ	t AVCs from my salary a with my instructions fo s of the Alstom GPP ma is information for the G the Alstom GPP. I agree er, the plan's profession emes if my benefits are	or my Alsto y hold per PP's purp e that you al adviser	om GPP contri sonal informa oses, which w may reveal th s, ALSTOM Lt	ibutions. ition about vill include ne informat	me on co calculatio	omputer and manual ons and paying benefits ner relevant
Your signature:			······································	Date:	·		

Please return this completed form to: Alstom Pensions Department, Newbold Road, Rugby, Warwickshire, CV21 2NH

ALSTOM

ALSTOM Ltd Group Personal Pension Plan (Alstom GPP)

AVCs Form

To be filled in by Payroll

PLEASE USE BLOCK CAPITALS

I confirm that the payroll records have been updated as appropriate.

Your position:

our signature:	Date:
our name:	

Please fill in your details below, keep a copy of this form for your records and return a signed copy to AES.

(Updated Aug 2012)