



LifeSight MasterTrust AXA Section

# Application Form - 2017 Section

This form only applies to employees of AXA UK, AXA Services, AXA PPP Healthcare, AXA Global Healthcare, Architas, AXA Group Operations, AXA Ireland and AXA Liabilities Managers. Please read the member guide, which is available on the pension website: [www.axa-employeebenefits.co.uk](http://www.axa-employeebenefits.co.uk)

**Please return the completed form to People Services, Human Resources Department, Bolton.**

**For AXA Ireland, please return to your local Payroll Department.**

## Personal details

Please use CAPITAL LETTERS

Surname:  First name:

National Insurance number:  Employee number:

Date of birth:  /  /

Home address:

Post code:

Employing company:  Location:

Please indicate the level of contribution you would like to make by ticking the box against your chosen level of contribution in the table below. If you'd like to contribute more than 10%, please fill in the percentage in the final row (your contribution must always be a whole percentage).

✓	Your contribution	Employer contribution
<input type="checkbox"/>	3%	6%
<input type="checkbox"/>	4%	7%
<input type="checkbox"/>	5%	8%
<input type="checkbox"/>	6%	9%
<input type="checkbox"/>	7%	10%

✓	Your contribution	Employer contribution
<input type="checkbox"/>	8%	11%
<input type="checkbox"/>	9%	12%
<input type="checkbox"/>	10% or more Please enter the percentage here:	12%

I wish to apply to join the LifeSight MasterTrust AXA 2017 Section with immediate effect.

I understand that unless I opt out of PaySmart, this contribution will be paid by the Company on my behalf through PaySmart.

Signature: \_\_\_\_\_ Date:  /  /

## Data protection

I confirm that, in completing and signing this form, I consent to my personal data being processed by and on behalf of the Trustee of LifeSight MasterTrust, by the Scheme Administrator, the Trustee's advisers and the AXA Pensions and Payroll Departments, for the purpose of my membership of the Scheme.