

LifeSight MasterTrust AXA Section ("Scheme")

Contribution Election Form - 2008 Section (AXA UK)

This form lets you choose how much to pay into the 2008 Section of the Scheme. It only applies to employees of AXA UK, AXA Services, AXA PPP Healthcare, AXA Global Healthcare, Architas and AXA Group Operations, who joined prior to 1st September 2017. For AXA Ireland it's employees who joined prior to 1st January 2018.

You can choose a regular pension contribution, between the minimum and maximum total matched contribution rates for your age group. You can pay more than the maximum total matched contribution rate by completing a Pension Top Up Form, but your employer will not pay in more than the maximum matched rate set out in the table below.

If you do not make a choice, the default contribution rate is the **maximum** total matched contribution for your age as set out in the table below.

Please return the completed form to your local Payroll Department.

Personal details

Please use CAPITAL LETTERS				
Surname:		First name:		
National Insurance number:		Employee numb	er:	
Date of birth:	DD / MM / YYYY			
Home address:				
			Post code:	
Employing company:		Location:		



Please indicate the level of contribution you would like to make by selecting your current age band in the table below and ticking the box against your chosen level of contribution. (Your contribution must always be a multiple of 0.5% of your Pensionable Salary.)

Your contribution as a percentage of Pensionable Salary

(please see the member guide if you are unclear on your options)

Age	Minimum contributions	
25-34		2.5% 3.0% Maximum matched
35-44	2.0%	2.5% 3.0% 3.5% 4.0% Maximum matched
45-54	2.5%	3.0% 3.5% 4.0% 5.0% Maximum matched
55 and over	3.0%	3.5% 4.0% 5.0% 5.5% 6.0% Maximum matched

I wish to make the contribution indicated above. I recognise that the Company will pay this contribution on my behalf through PaySmart or by direct deduction from my salary if I have opted out of PaySmart.

I understand that these contributions will be invested in line with my current investment instructions.

Signature:	Date:	D D	/	ММ	/	YYYY
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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.