

LifeSight MasterTrust AXA Section

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Pension Top Up Form

If you pay pension contributions through PaySmart, you can use this form to make regular top-up payments into your pension. If you wish to make a single lump sum payment, then please complete the Lump Sum AVC Form.

Please return the completed form to your local Payroll Department.

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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:		
I wish to make regular pension t be paid by the Company on my	• •			
Declaration				

• I understand that these pension top-up payments will be invested in line with my current investment instructions.

Date:

M M

Y Y Y Y

• I hereby apply to make regular pension top-up payments in line with the instructions above.

• I authorise the deduction of these pension top-up payments from my salary.

Signature:

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.