

LifeSight MasterTrust AXA Section

Switch from 2008 to 2017 Section

This form only applies to employees of AXA UK, AXA Services, AXA Ireland, AXA PPP Healthcare, AXA Global Healthcare, Architas and AXA Group Operations who joined the LifeSight MasterTrust AXA 2008 Section prior to 1st September 2017, or to employees of AXA Ireland who joined the AXA 2008 Section prior to 1st January 2018.

This form needs to be completed if you intend to switch from the 2008 Section to the 2017 Section of the LifeSight MasterTrust. Please read the member guide, which is available on the pension website: **www.axa-employeebenefits.co.uk**

Please return the completed form to the AXA Pensions Team at pensions.uk@axa.co.uk

Personal details

Please use CAPITAL LETTERS				
Surname:		First name:		
National Insurance number:		Employee numb	er:	
Date of birth:	D D / M M / Y Y Y Y			
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
	3%	6%
	4%	7%
	5%	8%
	6%	9%
	7%	10%

\checkmark	Your contribution	Employer contribution
	8%	11%
	9%	12%
	10% or more Please enter the percentage here:	12%



Declaration

I wish to switch my membership of the LifeSight MasterTrust AXA 2008 Section to the 2017 Section with immediate effect. By opting to switch to the 2017 Section, I accept that:

- My future contributions will be based upon the terms of the 2017 Section.
- The change in contribution terms will be applied the month following receipt of this form.
- I will no longer be eligible to apply for a Total Incapacity pension in the event that I leave employment as a result of permanent and serious ill health.
- I will not be able to switch back to the 2008 Section at any future 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.