



LifeSight MasterTrust AXA Section

Application Form - 2008 Section (non-AXA UK)

This form only applies to employees of AXA Investment Managers, AXA Strategic Ventures, The Permanent Health Company and PPP Taking Care. Please read the member guide, which is available on the pension website:

www.axa-employeebenefits.co.uk

Please return the completed form to your local Payroll Department.

Personal details

Please use CAPITAL LETTERS

Surname:	<input type="text"/>	First name:	<input type="text"/>
National Insurance number:	<input type="text"/>	Employee number:	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>		
Home address:	<input type="text"/>		
	<input type="text"/>	Post code:	<input type="text"/>
Employing company:	<input type="text"/>	Location:	<input type="text"/>

I wish to apply to join the LifeSight MasterTrust AXA 2008 Section with immediate effect.

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

Signature:	<input type="text"/>	Date:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="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.