



LifeSight MasterTrust AXA Section

PaySmart Waiver Form

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"/> |

Declaration

I have read and understand the explanation of the PaySmart process included in the member guide.

I confirm that I do not wish to pay for my pension contributions via PaySmart salary reduction and instead wish for my pension contributions to be deducted directly from my salary and paid as employee contributions.

I understand that I will not benefit from paying lower National Insurance contributions as a result of this decision.

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.