

Request to commence/amend Additional Voluntary Contributions (AVCs) for employees in grades EB4 and above



Including employees in grades EB6 and EB5 before 1 April 2016.
A separate form should be completed by other employees.

This form should be used if
you want to...

- Pay contributions of more than 5% (AVCs)
- Amend your current rate of AVCs

Save time by doing this online.

Simply log in to your online account at
www.experian.co.uk/retirementplan

Part

1

Personal details

Please complete the following in BLOCK CAPITALS, using blue or black ink.

Title: Mr/Mrs/Miss/Ms/Other* _____ Surname _____

Forename(s) _____

Home address _____

_____ Postcode _____

Date joined company

Employee number

Date of birth

NI Number

Please remember
to complete parts 2
and 3 as well as the
declaration in part 4.

*Delete whichever do not apply

AVCs

If you choose contributions of more than 5% of Pensionable Pay, these extra contributions are classed as AVCs and do not attract additional Company contributions like Basic Normal Contributions (BNCs).

For regular monthly contributions, please complete a) if you wish your AVCs to be treated within SMART or b) if you wish your AVCs to be treated outside of SMART.

For lump sum contributions, please complete c) below. Please note that payment of one-off lump sum contributions as AVCs will not fall within SMART.

a) SMART AVCs

Please complete as appropriate

I wish to commence/amend monthly AVCs with effect from

I wish to select AVCs at the following % of Pensionable Pay (enter 0% if you wish to stop paying AVCs and your new rate of AVCs if you wish to amend your existing AVCs) _____ **%**

I authorise the Company to process the above instruction under the SMART arrangements (SMART AVCs) and understand that this represents a change to my terms and conditions of employment. I understand that my salary will be reduced by an amount equal to the contribution level chosen and the Company will make a corresponding contribution to the Plan. I will therefore benefit from lower National Insurance Contributions which will increase my take home pay. I understand that my participation in SMART will be continuous unless I confirm otherwise and acknowledge that I can opt in and out of SMART up to twice a year.

b) AVCs outside of SMART

Please complete as appropriate

I wish to commence / amend my monthly AVCs (outside SMART) with effect from

I authorise the Company to deduct monthly AVCs at _____ **%**

This instruction should continue until such time as I have given my written notice to cancel or vary this election. Where appropriate, I have completed the SMART opt out form and understand that I will not benefit from the potential National Insurance savings provided by SMART.

c) Lump sum AVCs

I wish to pay a single lump sum contribution of _____

I understand that this lump sum payment is made outside of SMART.

Part

3

Investment choices

Investment choice for AVCs/SMART AVCs.

Please complete as appropriate

My AVCs/SMART AVCs should be invested in line with my BNCs / SMART BNCs

My AVCs/SMART AVCs should be invested in the Lifestyle Option

My AVCs/SMART AVCs should be invested in the Adventurous Lifestyle Option

OR

My AVCs/SMART AVCs should be invested in the 'Own Choice' funds in accordance with my instructions above:

Diversified Assets Active Fund	%
Global Equities Passive Fund	%
Global Equities Active Fund	%
Overseas Equities Passive Fund	%
UK Equities Passive Fund	%
UK Equities Active Fund	%
Index - Linked Gilts Passive Fund	%
Cash Active Fund	%
Shariah Passive Fund	%
Pre-Retirement Passive Fund	%
Corporate Bonds Passive Fund	%
Total	100%

I understand the above instruction will apply to my **previous and future AVCs/SMART AVCs** to the Plan, i.e. my existing AVC fund (if any) will be switched to my new fund choice(s).

If you wish to select different 'Own Choice' funds for your previous payments and future payments, then please contact the Experian Pensions Team by calling 0114 229 8273 or by emailing experianpensions@capita.co.uk.

Employee Declaration (to be completed in all cases)

For the purposes of the Data Protection Act 1998 I consent to the information contained in this form being processed by or on behalf of the Trustee of the Plan.

Form completed by (CAPITALS) _____

Signature _____

Date

Visit www.experian.co.uk/retirementplan for more information on BNCs, AVCs, SMART Pensions and investment options.

Please return your completed form to:

Experian Pensions Team
Capita Employee Benefits
Hartshead House
2 Cutlers Gate
Sheffield
S4 7TL

NOTE: THIS FORM SHOULD BE RETURNED TO CAPITA EMPLOYEE BENEFITS BY THE 1ST OF THE MONTH IN WHICH YOU WISH YOUR INSTRUCTION TO TAKE EFFECT.

