

# Request to opt in to the Experian Retirement Savings Plan



A separate form should be completed by employees in grades EB4 and above.

This form should be used if you want to **OPT IN** to the Experian Retirement Savings Plan.  
 Save time by doing this online, simply log in to your online account at [www.experian.co.uk/retirementplan](http://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\* \_\_\_\_\_

Forename(s) \_\_\_\_\_

Surname \_\_\_\_\_

Home address \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Date joined company

Employee number

Date of birth

NI Number

\*Delete whichever do not apply

## Part 2 Basic Normal Contributions (BNCs)

The rate of BNCs you select will determine the Company's contribution for you. If you wish this to be more than 5% you should also complete a separate form to commence payment of Additional Voluntary Contributions.

**Please tick as appropriate from the table below.**

BNCs	Corresponding Company contribution	Life assurance benefit	Tick as appropriate
3%	7%	4 times Pensionable Pay	
4%	8%	4 times Pensionable Pay	
5%	10%	4 times Pensionable Pay	

Please remember to complete all parts of this form, including the declaration in Part 4.

## Part

# 3

## Important notes

1. You will be enrolled in the Plan with effect from the 1<sup>st</sup> of the month following receipt of your completed opt in notice.
2. You can change your contribution level and/or investment option at any time online or by completing the appropriate form. For more information please visit [www.experian.co.uk/retirementplan](http://www.experian.co.uk/retirementplan).
3. You can opt in twice during any twelve-month period.
4. I authorise the Company to make contributions to the Plan at the above rate under the SMART arrangements if I am eligible. I understand that this represents a change to the terms and conditions of my employment. I understand that my salary will be reduced by an amount equal to the contribution level chosen above, and the Company will make the corresponding contribution to the Plan. Therefore, I will 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 that I am able to vary my SMART contributions up to twice a year.
5. General Data Protection Regulation (GDPR): I understand that the Trustee of the ERSP will use my personal information to (amongst other reasons) communicate with me and administer the ERSP and will share such information with its advisers, administrators and Experian as the sponsoring employer. I further understand that this may include items categorised under the GDPR as 'sensitive data' (continued overleaf). I accept that the Trustee, and its advisers and administrators, need this data to calculate and pay benefits, for statistical purposes, for reference purposes and to administer the ERSP and agree to this processing taking place.

The Trustee is committed to protecting your information and acting in accordance with your rights under data protection law. Details of what personal information about you the ERSP collects, what we do with this information, the basis on which personal information is processed and what rights you have are included in the Privacy Notice for members. Additional information on how the Trustee complies with its data protection obligations is included in the Trustee's Data Protection Policy, and copies of both the Privacy Notice and Data Protection Policy are available on request from [ExperianPensions@capita.co.uk](mailto:ExperianPensions@capita.co.uk).

Your completed form should be returned to the **Experian Pensions Team, Capita Employee Solutions, PO Box 555, Stead House, Darlington DL1 9YT.**

## Part

# 4

## Employee Declaration

I confirm that I wish to be a member of the Experian Retirement Savings Plan, and I consent to contributions being made into the Plan.

**Form completed by (CAPITALS)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date**

D	D	M	M	Y	Y
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Visit [www.experian.co.uk/retirementplan](http://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 Solutions  
PO Box 555  
Stead House  
Darlington  
DL1 9YT

**NOTE: THIS FORM SHOULD BE RETURNED TO CAPITA EMPLOYEE SOLUTIONS BY THE 1<sup>ST</sup> OF THE MONTH IN WHICH YOU WISH YOUR INSTRUCTION TO TAKE EFFECT.**