

3. PAYMENT DETAILS

Please provide details of the contributions you wish to make (the minimum contribution is £20 gross).

I wish to make a single contribution of £ Net (see notes 1 and 3)

I wish to make a regular contribution of £ Net a month (please complete the Direct Debit instruction if applicable) (see notes 2 and 3)

Do you want your regular contribution indexed? Yes No

If 'Yes', please state the percentage you wish to increase your payment by %

Please note: This must be a whole number between 3% and 10% (inclusive). Additional information is contained in the Key Features and Terms and Conditions.

Note 1

The net amount is the amount you want to pay. Your contract is for the gross contribution, which is the amount stated plus basic rate tax relief (at the rate that applies when you pay this contribution).

Note 2

The net amount is the amount you want to pay. Your contract is for the gross contribution, which is the amount stated plus basic rate tax relief (at the rate that applies when you pay your first regular contribution). If basic rate tax relief changes at any time, the net amount you pay by Direct Debit will change. If you pay by cheque, you will need to amend the level of payments you make. If you do not change the level of your net contribution, the gross contribution will change affecting the projected benefits.

Note 3

Cheques must be made payable to LFS SHP with the Member's name on the payee line, for example 'LFS SHP – J. Smith'.

Alternatively, if you have access to online banking, send your single contribution direct to our bank:

Bank:

Sort code:

3	0	8	0	1	2
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Account:

1	2	5	6	2	5	6	0
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Important note: Please quote the Planholder's name and Plan number as the payment reference.

4. DECLARATION BY PAYER

- a. I understand that you may decline my payment(s) for any reason.
- b. I confirm that payments are being made on behalf of the member and the member (or their legal guardian) is aware these payments are being made.
- c. I understand that payments will be treated as being made by the member.
- d. You will hold my data for the purposes of facilitating my payment(s) and not use it for any other purpose.
- e. I agree to be bound by the Plan Conditions (which can be found in the Key Features and Terms and Conditions of the LF Stakeholder Pension Scheme).

Print full name (in **BLOCK CAPITALS**)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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5. INVESTMENT DETAILS AND MEMBER DECLARATION

Please select the fund(s) in which you would like this contribution(s) to be invested by completing the table below.

If you do not make an investment choice, your contribution(s) will be invested in the LF Tracker Pension Fund.

Fund	% Investment split	
	Single contributions	Regular contributions
LF Tracker Pension Fund	%	%
LF Corporate Bond Pension Fund	%	%
LF Money Market Pension Fund	%	%
Total	100%	100%

Signature

Date

D	D	M	M	Y	Y	Y	Y
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