

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME (NATIONAL SCHEME)

APPLICATION PACK

The National Scheme is open for applications from eligible employees based on when they joined Arriva.

In this pack are all of the forms you need to complete to join the National Scheme.

What Is In It?

Several documents are included for completion and to help you:-

Document	Page
1. Member Application Form - to capture your basic information	2
2. Nomination Form for Death Benefits	6
3. Retained Benefits - pensions related monies/funds held elsewhere	7
4. Transfer request form - you might have funds that are worth consolidating together and transferring into the scheme.	8
5. Questions and Answers - including eligibility to join	9

What Do I Need To Do?

- * Please complete, as well as you can, all of the relevant forms. Make sure that you have signed and dated them. **Return them to your Payroll Team** -
- * *****IMPORTANT** please ensure that the "Nomination for Death Benefits" form is completed and included with the rest of the application form.***
- * Applications **MUST BE RECEIVED** by Payroll Department by the end of your application period.
- * If you have any basic queries about the paperwork - please speak to your Payroll Team. If you have any other queries please email pensions@arriva.co.uk

What Happens Next?

Your membership will commence once your application has been processed and you will receive membership papers within 4 to 6 weeks once the Payroll Team and pension provider have processed your application.

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

1. MEMBER APPLICATION FORM

TO BE COMPLETED BY THE EMPLOYEE

*Please delete anything marked with an asterix * as applicable*

Surname		Home Address:-
Forenames in full		
Title	Mr/Mrs/Miss/Ms *	
Date of Birth		
National Insurance Number		
Sex	Male/Female *	
Marital Status:-	Single / Married / Divorced / Separated / Living with Partner/ Widow(er)/Civil partner *	
Home Email address:		

Other Pension Schemes

Please indicate if you are, or have been in the past, a member of one of the following defined benefit pension schemes:

Arriva Passenger Services Pension Plan (APSP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arriva London (North or South) Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arriva Pension Scheme (APS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Merseyside Pension Fund	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arriva Passenger Services National Pension Scheme (National Scheme)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Death Benefits Nomination Form

Please complete the Nomination Form on Page 6 indicating how you would prefer the Trustee to exercise its discretion regarding the death benefits payable from the scheme.

Retained Benefits

Please confirm whether you have any retained benefits from any other pension arrangements.

*if yes, please complete Retained Benefits Questionnaire on page 7. Yes ☐ No ☐

Transfer Value

Are you interested in transferring the value of benefits accrued under one or more previous schemes to this scheme? If yes, please complete the Transfer Request Form on Page 8.

Additional Voluntary Contributions (AVCs)

Do you wish to pay AVCs to the scheme? Yes ☐ No ☐

If yes, please request an AVC Application Form/Pack separately from your Payroll Team.

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

Enhanced, Primary or Fixed Protection

Please tick one of the following:

I have not registered for Enhanced /Primary / Fixed Protection

☐

OR

I've registered for Enhanced / Primary / Fixed* Protection with HM Revenue & Customs (HMRC) and have received a certificate from HMRC, which I've attached.

☐

** Please delete as appropriate*

Before submitting this application form, please discuss with your independent financial adviser whether there is any impact on your enhanced or fixed protection status if you join this scheme

Data Protection

In line with the Data Protection Act 1998, we'll use your personal data for your occupational pension and may pass it to other companies that work for the Scheme. By signing this form you are allowing us to use your personal information to provide you with your pension.

I hereby apply for membership of the scheme and agree to be bound by the rules. I authorise and request the Company to deduct from my salary or wage the amount needed to pay my contributions as shown in accordance with the rules of the scheme

Signature:-	Date:-
Name (Block Capitals):-	

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

THIS SECTION TO BE COMPLETED BY PAYROLL DEPARTMENT

Member Information

Date Joined Company:

Date Joined Scheme:

Date first contribution deducted from the member's Salary:

Pensionable Salary: £.....

Gross Earnings: £.....

Is the member a part-time employee? Yes ☐ No ☐

If Yes, please provide:
Part-time hoursHours

Full-time hours (if member worked full time)Hours

Employing Company:

Payroll Location:

Payroll Number:

Member Contribution Rate:

Employer Contribution Rate:

Salary Sacrifice Member Yes ☐ No ☐

Evidence of age and name

Birth Certificate seen? Yes ☐ No ☐

Marriage Certificate seen? Yes ☐ No ☐ / Not applicable

Were they originals? Yes ☐ No ☐

If you see anything other than the original certificates please let us know the documents you saw, for example a passport:

.....

For births and marriages in the British Isles (which include Ireland, Isle of Man and the Channel Isles) you should see the original certificates and take a copy for the member's personnel record.

This complies with guidance received from HMSO.

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

Is a Nomination form for death benefits being held on the member's file?

Yes ☐ No ☐

Signed

Print Name Date

Position in company

Enclosed documents:

Additional voluntary contribution form

Yes ☐ No ☐

Nomination form for death benefits

Yes ☐ No ☐

Transfer request form *

Yes ☐ No ☐

* If more than one form, please say how many

Tick all boxes that apply

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

2. NOMINATION FORM FOR DEATH BENEFITS

Member Information
Surname:
Forenames in Full:
Title:
Date of Birth:
Member Reference:
National Insurance Number:

In the event of my death I would like the benefit to be split as follows:

Name:	Relationship:
Address:	Date of Birth:
.....	Proportion: %
Name:	Relationship:
Address:	Date of Birth:
.....	Proportion: %
Name:	Relationship:
Address:	Date of Birth:
.....	Proportion: %
Name:	Relationship:
Address:	Date of Birth:
.....	Proportion: %

Please ensure that the total of the percentages allocated is 100%

Continue on another form if necessary. Tick here if another form has been completed ☐

I understand that in exercising its discretion in disposal of the benefit, the Trustee will not be bound by the expression of my wishes, but I request that it be considered. This request cancels any previous requests made by me.

Member's Signature Date

The Trustee and their administrators will need to process certain data about you in order to determine to whom any death benefits should be paid. This may include 'sensitive' data, such as medical details or information about the beneficiaries named on this form. In addition, to ensure that your wishes are noted on your benefits record, this form will be scanned and held electronically and securely by the Plan's administrators under the terms of the Data Protection Act 1988 ("the Act") and will only be made available to persons entitled under the Act to view it. For the purposes of the Act, by signing this form, you are confirming that you and the beneficiaries you have nominated, agree to this data being processed for the purposes set out above.

You should complete another Nomination Form after any change in your personal circumstances.

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

3. RETAINED BENEFITS QUESTIONNAIRE

Surname		Home Address:-
Forenames in Full		
Title	Mr/Mrs/Miss/Ms *	
Date of Birth		
National Insurance Number		

If you have a pension and/or benefits retained with a previous arrangement, which may be a company or individual pension plan, we need record that they exist. We do not need full details at this stage, but may do so in the future.

Please complete the details below and continue on another sheet if necessary. (If you don't know the full information, please provide as best you can including the employers details).

NAME OF PREVIOUS PLAN/SCHEME	
TYPE OF SCHEME	Company / Personal *please delete as required
NAME & ADDRESS OF COMPANY / INSURANCE COMPANY (this is the name of previous pension plans administrators or insurance company if an individual policy)	Post Code:-
Scheme Number:-	
Policy Number:-	
NAME OF PREVIOUS PLAN/SCHEME	
TYPE OF SCHEME	Company / Personal *please delete as required
NAME & ADDRESS OF COMPANY / INSURANCE COMPANY (this is the name of previous pension plans administrators or insurance company if an individual policy)	Post Code:-
Scheme Number:-	
Policy Number:-	

Please copy and continue on another form if necessary.

Tick here if another form has been completed ☐

Signature:-	Date:-
Name:- (BLOCK CAPITALS)	

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

4. TRANSFER REQUEST FORM

I am interested in transferring the value of my benefits which I have accrued under my previous employer's pension scheme/individual policy, into the above mentioned scheme. I hereby authorize you to supply Aon Hewitt with all the relevant information that they may require regarding any accrued pension rights with a view to establishing whether a transfer is possible.

Member's Full Name:	National Insurance Number:
Address:	Date of Birth:

Details of my previous employer's pension scheme/individual policy

Pension Scheme Name:	
Reference Number:	Policy Number:
Date of Leaving Scheme:	
Name of Company/Insurance Company:	
<i>This is the name of the previous employer's pension scheme administrators or Insurance Company if it is an individual policy</i>	
Address:	Telephone Number:
	Email Address:
Name of Contact (if known)	

Continue on another form if necessary. Tick here if another form has been completed ☐

Member's Signature Date

ARRIVA PASSENGER SERVICES NATIONAL PENSION SCHEME

5. QUESTIONS & ANSWERS

Q1. Who is eligible to join the scheme?

- A1. Eligibility restrictions do apply to this scheme. It is open to most Arriva employees who do not otherwise have access to a defined benefit scheme.

This is a one off opportunity to join the scheme. There will no further opportunity for employees who are eligible to join.

If an employee chooses to join the National Scheme and they are an active member of the Arriva Workplace Pension Plan (AWPP) then they will have to leave that scheme. Contributions to that pension scheme will stop when deductions for the National Scheme commence.

Q2. Where can employees get advice about joining this or any pension scheme?

- A2. Company employees (for example Line Managers or HR Managers) are not qualified to give pension advice. Employees must seek independent advice from a financial advisor - Details of independent advisors are available at www.unbiased.co.uk.

Also, the government have launched Pension Wise, www.pensionwise.gov.uk, to assist people with their pension choices

Q3. Where can I get further information from?

- A3. If you have any basic queries about the paperwork - please speak to your Payroll Team. If you have any other queries that are Arriva related please email pensions@arriva.co.uk, and if you have any scheme specific questions Aon Hewitt provide a help email address at:- arrivapensions@aon.co.uk.