

### TO BE COMPLETED BY ALL EMPLOYEES

To join the Plan, please complete this form and sign Declaration A. If you do not tick the boxes in Declaration A, you will not be joined to the Plan as a Pensions+ member. If you do not wish to join the Plan, you must complete Declaration B.

Please send your completed form to: Payroll and Pensions Office, Newcastle University, King's Gate, Newcastle upon Tyne NE1 7RU

Please enclose your birth certificate and, if appropriate, your marriage or civil partnership certificate and your partner's birth certificate.

#### your personal details

Mr/Mrs/Miss/Ms ..... Surname ..... First names (in full) .....

Home address .....

..... Postcode .....

Date of birth (dd/mm/yy) ..... / ..... / ..... Birth certificate enclosed

Male/Female .....

Date you began employment with the University (dd/mm/yy) ..... / ..... / .....

National Insurance number .....

#### Spouse/civil partner

Are you married or in a civil partnership? Yes No

Marriage certificate enclosed

Spouse/civil partner date of birth (dd/mm/yy) ..... / ..... / .....

Birth certificate enclosed

Spouse/civil partner surname/first name .....

#### Declaration A

I wish to join the University of Newcastle upon Tyne Retirement Benefits Plan. (Tick one only)

I wish to join as a Pensions+ member and authorise the University to reduce my salary by the member contribution rate (currently 6.75%) and pay the equivalent amount into the Plan on my behalf. I have read the Pension Benefits leaflet provided and am aware that if I leave the Plan with less than two years' service I will not receive a refund of my contributions and my only option is to transfer my benefits out.

OR

I wish to join the Plan and authorise the University to deduct the member contribution rate (currently 6.75%) from my pay each month as Plan contributions.

I understand that the Trustees, the University and the Plan administrator may need to process certain data about me. This may include items categorised under the General Data Protection Regulation 2018 as 'Sensitive Data', such as medical details or death benefit nominations. I accept that the Trustees, the University and the Plan administrator need this data to calculate and pay benefits for statistical purposes, reference purposes and to administer the Plan as a whole. I agree to this processing taking place.

Signature: ..... Date: .....

#### Declaration B

I do not wish to join the Plan and I understand that I will not be entitled to any benefits from the Plan.

Signature: ..... Date: .....

Further information about the plan is available at <https://newcastle.sharepoint.com/hub/people-services/Pages/Pay%20Progression%20and%20benefits/pensions.aspx>

**Data Protection statement:** The University will process the data provided on this form in accordance with the People Services privacy notice which can be found on our website at <https://newcastle.sharepoint.com/docs/HR%20Policies/People%20Services%20Privacy%20Notice.pdf>

Please complete this form, sign it and return it to:

Payroll and Pensions Office  
Newcastle University  
King's Gate  
Newcastle upon Tyne  
NE1 7RU

# expression of wish form

University of Newcastle upon Tyne Retirement Benefits Plan

Your full name ..... National Insurance number .....

Your home address .....

..... Postcode .....

If you wish, you may enclose your form in a sealed envelope with your name and the words 'expression of wish form' marked clearly on it. If so, the envelope will only be opened by the Trustee Directors in the event of your death. To help the Trustee Directors make a fair decision, please complete a new form if there is any change in your personal circumstances.

PLEASE USE CAPITAL LETTERS THROUGHOUT

To: The Newcastle University Pension Trustee (1971) Ltd

I nominate the person(s) named below to receive any benefit(s) payable under the Rules of the University of Newcastle upon Tyne Retirement Benefits Plan in the event of my death.

I understand that the Trustee has complete discretion over the payment of the benefit(s) and, although it will consider my wishes, my nomination is not binding on the Trustee Directors.

This request cancels any previous requests made by me and I reserve the right to revise this nomination at any time.

Full name of nominee .....

Address of nominee .....  
(including postcode).

.....

Relationship to me .....

Proportion % .....

Full name of nominee .....

Address of nominee .....  
(including postcode).

.....

Relationship to me .....

Proportion % .....

Full name of nominee .....

Address of nominee .....  
(including postcode).

.....

Relationship to me .....

Proportion % .....

Full name of nominee .....

Address of nominee .....  
(including postcode).

.....

Relationship to me .....

Proportion % .....

Please ensure that the total of all percentages equals 100.

If you wish to nominate more than four beneficiaries, please continue on a separate sheet. Under the General Data Protection Regulation 2018, a nominee has the right to inspect any details held that relate to them. They will not, however, have the right to inspect details relating to any other nominee. If the Trustees receive a request from a third party for information shown on your expression of wish form relating to them, you will be contacted before any information is released.

Signature: ..... Date: .....

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