JSS Pensions Administration

Polaris House, North Star Avenue, Swindon SN2 1UY

nuvos Pension Switch form

Please complete this form and send it to JSS. You are allowed one switch from **nuvos** to **partnership** and one switch from **partnership** to **nuvos**. You can switch at any time, the effective date will be dependent on the next available payroll date following JSS' receipt of this form.

Section 1: Details about you Your name (Full name)	Date of birth	Marital or Civil Partnership status
	Phone number	
Your office address (including the name of your employing department/agency)	National Insurance number	
	Email address	
		+ Go to section 2.

Have you been a member of the Research Councils' pension arrangements before (including previous membership of **nuvos** or the **partnership** pension account during your current period of employment)? Do not include details of your current arrangements.

Yes Fill in t	his section	No +	Go to section 3.	
Research Council	s' Pension Scheme			
Period of service		Employer	What happened to your Pension benefits?	
Date from	Date to			
Partnership pension account If you have had a partnership pension account during your current employment, please give dates.				
il you have had a partnership pension account during your current employment, please give dates.				
Date from	Date to	Provider		

Section 3: Your pension switch

- I would like to join the **nuvos** pension scheme
- + Go to section 4.
- I would like a partnership pension account
- + Go to section 5

+ Go to section 3.

Section	4:	Your	nuvos	pension	choice
		. •		P00.0	0110100

Only fill in this section if you are choosing to join nuvos.

- Please contact me about the possibility of transferring in my pension from another employment or from the **partnership** pension account. I understand that time limits apply.
- · Please send me more information on increasing my pension benefits.
- Please send me the 'Pensions for partners' guide (please note that if you want your partner to be paid a pension after you die, you **must** complete a Partner Declaration Form

+ Go to section 6.

Section 5: Your partnership pension choice

My choice of pension provider is (tick one box only):

Scottish Widows

Standard Life

- I enclose a completed application form for my chosen pension provider.
- . I would like to make contributions at the rate of

% of my pensionable earnings.

+ Go to section 6.

Section 6: Your authorisation - you must sign and date this form.			
Signature	Date		