

## Premium Pension *Switch* form

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

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

<b>Section 2: Your Research Councils' pensions history</b> Have you been covered by the RCPS arrangements before (including previous membership of the <b>premium</b> scheme or the <b>partnership</b> pension account during your current period of employment)? Do not include details of your current arrangements. <b>Yes</b> <input type="checkbox"/> Fill in this section <b>No</b> <input type="checkbox"/> + Go to section 3.			
<b>Research Councils' pension scheme</b>			
Period of service		Employer	What happened to your Pension benefits?
Date from	Date to		
<b>Partnership pension account</b> If you have had a <b>partnership</b> pension account during your current employment, please give dates of when.			
Date from	Date to	Provider	
+ Go to section 3.			

<b>Section 3: Your pension switch</b>	
<ul style="list-style-type: none"> <li>I would like to join the <b>premium</b> pensionscheme</li> </ul>	+ Go to section 4.
<ul style="list-style-type: none"> <li>I would like a <b>partnership</b> pension account</li> </ul>	+ Go to section 5

## Section 4:

Only fill in this section if you are choosing to join the **premium** pension scheme.

- Please contact me about combining my previous Research Councils' pension benefits with my current service ('**aggregation**'). I understand that I must make any **aggregation** decision within 12 months of joining.
- 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 may 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, one condition is that you must complete a Partner Nomination 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 filled-in 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