

Premium Pension *Switch* form

Please fill in **both sides** of this form in **black ink** and in **CAPITAL LETTERS**, 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.

Section 1: Details about you Your name (Full name)	Date of birth / /	Marital status (married, divorced, and so on)
	Your daytime phone number	
Your full office address (including the name of your employing department/agency)	National Insurance number	
	Your e-mail address	
+ Go to section 2.		

Section 2: Your Research Councils' pensions history Have you been covered by Research Councils' pension arrangements before (including previous membership of the premium scheme or the partnership pension account during your current period of employment)? Do not include details of your current arrangements. Yes <input type="checkbox"/> Fill in this section No <input type="checkbox"/> + Go to section 3.			
Research Councils' pension scheme			
Period of service		Employer	What happened to your Pension benefits? (See the list below.)
Date from	Date to		
A: No pension benefits B: Pension preserved for payment at age 60 C: Pension transferred out D: Pension now in payment E: Took early retirement F: Other (give details).			
Partnership pension account If you have had a partnership pension account during your current employment, please give dates of when.			
Date from	Date to		
+ Go to section 3.			

Section 3: Your pension switch		
• I would like to join the premium pensionscheme	<input type="checkbox"/>	+ Go to section 4.
• I would like a partnership pension account	<input type="checkbox"/>	+ 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 a printed version of the booklet 'Pensions for partners' (please note that if you want your partner to be paid a pension after you die, one condition is that you must complete the declaration form in this booklet).

+ 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