



Classic, Classic Plus and Premium Pension Switch Form

Please complete both sides of this form and send it to JSS, if writing please use CAPITAL letters and black ink. You are allowed one switch from the **RCPS** to **Partnership** and one switch from **Partnership** to the **RCPS**. 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 full office address (including the name of your employing department/agency)	National Insurance number	
	Email address	
+ Go to section 2.		

Section 2: Your RCPS history			
Have you been covered by the RCPS arrangements before (including previous membership of the Classic, Classic Plus or Premium) 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?
Date from	Date to		
Partnership pension account If you have had a partnership pension account during your current employment, please give dates of when.			
Date from	Date to	Provider	
+ Go to section 3.			

Section 3: Your pension switch	
• I would like to join the RCPS	+ Go to section 4.
• I would like a partnership pension account	+ Go to section 5

Section 4:

Only fill in this section if you are choosing to join the **RCPS**.

- Please contact me about combining my previous RCPS 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, you should 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