PILKINGTON SUPERANNUATION SCHEME

ADDITIONAL VOLUNTARY CONTRIBUTIONS

INSTRUCTION TO START COM	NTRIBUTIONS (10% maximum	PSS contribu	ution)		
I hereby authorise my employo pensionable salary as specified	er to deduct from every payment d below:-	of my salary	Additional Contr	ibutions to the S	icheme based on
Date to commence: 1st of	(month	า & year)			
Under Rule 11(a) (i) of the Additional Contributions to be retirement benefits calculated	of Pensionable Salar			% able Salary	
ап	ıd/or				_
Under Rule 11(a) (ii) of the Scheme Additional contributions to be invested under Rule 11(a) (ii) of the Sci in the <i>'Prudential Voluntary Contributions Plan'</i> **				1)% of Pensionable Salary Or	
** Note You will be sent a second form as. Contribution Plan are to be applied	to the Voluntary 2) £ per month				
	ADDITIONAL VOLUN	TARY CONTR	IBUTIONS		
	** INSTRUCTION TO CHAP	NGE EXISTING	CONTRIBUTION	N	
•	to CHANGE / CANCEL my present to CHANGE/CANCEL the deduction				specified below
Date of change: 1st of	(month &	year)			
(a) Rule 11(a) (i) of the Please amend my currer	Scheme nt additional contributions under Rule	: 11(a) (i) of th	e Scheme		
			From	%	
			То*	%	
	and/or				
(b) Rule 11(a) (ii) of the Please amend my currer to the Prudential Volunta (Please delete as approp	nt additional contributions under Rule ary Contribution Plan	: 11(a) (ii) of th	ne Scheme		
		From	%	£	per month

Note * Insert Nil where you wish to cease contributions

_ per month

PILKINGTON SUPERANNUATION SCHEME

ADDITIONAL VOLUNTARY CONTRIBUTIONS

In authorising my employer to deduct Additional Contributions from my Salary I accept that my employer and the Trustees of the Pilkington Superannuation Scheme undertake (in the case of contributions to be invested with the Prudential or any other external provider, hereinafter referred to as "the Provider") to remit my Additional Contribution to the Provider by the nineteenth day of the month next following their deduction but do not otherwise make any commitment as to the date by which such Additional Contributions will be remitted to the Provider for investment.

USE BLOCK CAPITALS

Surname	Christian Name(s)		
Date of Birth			
Staff No	National Insurance No		
Works			
protection legislation in the UK. They and their ap	Actuary are both Data Controllers for the purposes of applicable data pointed Data Processor(s) will process your personal data in connection d further information on how your personal data is processed in the isiting the Scheme website: www.superpilk.com].		
Signed	Date		
ON COMPLETION FORWARD TO	HIS FORM TO YOUR HR/SALARY ADMINISTRATOR		
HR DEPARTMENT	PENSIONS DEPARTMENT		
Noted by	Noted by		
Date	Date		

HR DEPT: PLEASE RETURN THE PROCESSED FORM TO -

PILKINGTON GROUP LIMITED, PENSIONS DEPARTMENT, EUROPEAN TECHNICAL CENTRE, HALL LANE, LATHOM L40 5UF