# THE PILKINGTON SUPERANNUATION SCHEME

### **ADDITIONAL VOLUNTARY CONTRIBUTIONS**

**INSTRUCTION TO START CONTRIBUTIONS** (maximum contribution accepted – 10%)

I authorise my employer to deduct Additional Pension Contributions from my monthly salary payments; as indicated below:					
Date deductions are to commence: 1st day of	(month & year)				
Option 1 PSS Rule 11(a) (i)  Additional Contributions to be retained in the PSS to provide benefits calculated under Rule 21  and / or	of Pensionable Salary				
* Option 2 PSS Rule 11(a) (ii)  Additional contributions to be invested with the Insurance Co; the Prudent under the above Rule  With the Insurance Co; the Prudential '	ial`,  1)% of Pensionable Salary  Or  2) £ per month				
* Note  You will be sent a further form requesting details of your investment choices; e.g. with-profits, unit linked basis etc.	nt				

# ADDITIONAL VOLUNTARY CONTRIBUTIONS INSTRUCTION TO CHANGE EXISTING CONTRIBUTION

I would advise you that I wish to CHANGE / CANCEL my present Additional Contributions into the Scheme as specified below and I authorise my employer to CHANGE/CANCEL the monthly deductions from my salary accordingly.

Date o	f change: 1st of (month & year)				
(a)	Rule 11(a) (i) of the Scheme Please amend my current additional contributions under Rule 11(a) (i) of the Scheme				
		From%			
		To*%			
	and/or				

(b) Rule 11(a) (ii) of the Scheme

Please amend my current additional contributions under Rule 11(a) (ii) of the Scheme to the Prudential Voluntary Contribution Plan (Please delete as appropriate)

From	_%	£	per month
To*	%	or £*	per month

## THE 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	
	ne purposes of the Data Protection Act 1998) and its appointed Data Processor(s) holding) data on me in connection with my membership and I consent to the
Signed	Date
ON COMPLETION FORWARD	THIS FORM TO YOUR HR/SALARY ADMINISTRATOR
HR DEPARTMENT	PENSIONS DEPARTMENT
Noted by	Noted by
Date	Date

PLEASE RETURN THE COMPLETED FORM TO:

PILKINGTON GROUP LIMITED PENSIONS DEPARTMENT PRESCOT ROAD ST HELENS WA10 3TT