

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 _____

I recognise that the Trustee (a data controller for the purposes of the Data Protection Act 1998) and its appointed Data Processor(s) will process (which under the Act includes simply holding) data on me in connection with my membership and I consent to the processing of such data.

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