

New Joiner Form

SEI Master Trust

Cambridge University Assistants' Defined Contribution Pension Scheme

To be completed by the employee. Please complete in BLOCK letters.

Employer

Section: 1 Personal Details

Mr Miss Mrs Ms Dr Other: _____

Surname

Forenames (in full)

Date of Birth

NI Number

Date joined Employer

Employee Number

Address

Section: 2 Retirement Age

Please select a retirement age. This will allow your investment strategy to be aligned with your chosen date and personalise your benefits information. You can change this date at any time in the future.

Please see Hybrid Fact Sheets 2, 11 and 12.

Scheme retirement age of 65

Yes No

OR

Selected retirement age (between 55 and 75)

Yes No (If No, then Age: _____)

Section: 3 State Benefits Information

I wish to receive a benefit statement containing the details of my State pension benefits as well as my SEI Master Trust pension benefits. I therefore give my consent for the Trustee and Administrator of the SEI Master Trust to provide the required* information about me to the Department of Work and Pensions (DWP), in order to obtain the necessary details regarding my State pension benefits. I understand that I will receive this information until I withdraw my consent, by notifying the Administrator in writing.

Please tick as applicable: Yes No

***THE REQUIRED INFORMATION IS AS FOLLOWS:**

- › Surname or family name
- › Forenames
- › Sex
- › Date of birth
- › Address
- › National insurance number

Section: 4 Declaration

I understand that the above information will be used for the purposes of administering my pension within the Scheme and for operating the Scheme in my interests and as such the information may be made available to third parties authorised by the Trustee of the Scheme, including professional advisers and other service providers, to process my data. I have been made aware of my rights under the Data Protection Act 2018, including where I can obtain a copy of the Trustee's Privacy Notice. I also understand that my personal contributions and my Employer contributions will be invested in the Scheme's default investment option and will remain there unless I instruct otherwise.

Signature

Date

Please return this form to:

University of Cambridge
Pensions Section
Greenwich House
Maddingley Road
Cambridge
CB3 0TX