

Cambridge Colleges' Federated Pension Scheme

Application for membership

College		Department
Details of Applicant		
Surname		Forenames
Sex	Marital Status	Date of birth
Annual Salary		NI Number

FOR OFFICE USE ONLY		
Full/Part-time (please tick as appropriate) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Normal Hours	% of Full-time

Declaration by Applicant

To the Trustees of the Cambridge Colleges Federated Pension Scheme and

_____ **[Employer's Name]**

- I hereby apply to join the Scheme on
_____ **[Date]**
- I hereby authorise my Employer to deduct from my salary the contributions which I am required to pay to the Scheme from the date shown at 1 above in respect of any period where I am not a member of a salary sacrifice scheme for pension contributions.

Signature _____

Date _____

Declaration by Employer

I, an authorised official of the College named above, confirm that:

- I have witnessed the signature of the Applicant on this page.
- The employee joined the College on
_____ **[Date]**
- The employee was first eligible to join the Scheme on _____ **[Date]**
- The employee will / will not participate in salary sacrifice.
- The employee will start salary sacrifice from
_____ **[Date]**
- The date of birth has been confirmed.
- The Expression of Wish form has been completed.
- The information on this page agrees with our records and the employee is eligible for membership.

Signature _____

Position _____