## **E.ON UK Group of the Electricity Supply Pension Scheme Additional Voluntary Contributions (AVCs) Application Form**

Please complete this form if you wish to:

- Begin or restart paying AVCs
- Change the rate at which you pay AVCs
- Make a one-off lump sum contribution

Title	F	irst (and any		
(Mr, Mrs, Miss etc)	o	other) name(s)		
Date of birth	S	Surname		
Payroll number	Ir	National nsurance		
Home Address	n	number		
Option 1 – I wis  Please deduct t I understand the the amount of r that I can only of Please tick the b	crifice: sh to commence or re-s he following amount fro at my regular AVCs will my AVCs in return for ar opt-out of this arrangem box below if you do not	start paying regulom my salary ea be paid via salar n additional emp nent and/or ame wish to pay you	tlar AVCs fromch pay period: $\frac{f}{2}$ ry sacrifice, that my bloyer contribution cend the level of my $f$ ir regular AVCs via sa	OR % salary will be reduced by of the same amount and AVCs in April each year. alary sacrifice
Option 2 – I wi	sacrifice – I do not wish sh to change my regular he amount deducted fro	r AVCs from	(DAT	
Please deduct t	sh to make a one-off lun he following amount fro one-off deduction to b much notice as possible	om my salary as ne made in	·	

## **Investment Choices**

Please indicate how you wish to invest your AVCs in the table below. If you do not make a choice, your AVCs will automatically be invested in the default investment strategy, which is the Aviva My Future Target Cash Lump Sum Lifestyle Strategy. Further information on the investment options available can be found in the fund guides at:

https://library.aviva.com/bpen57495b1.pdf and https://library.aviva.com/bpen57495c1.pdf

You can choose more than one fund, but the total must add up to 100%. If you invest in the default lifestyle strategy you cannot invest in individual funds at the same time.

Should you wish to amend your investment choice in future, including changing your existing fund allocations, you can do so by logging in to your account at www.aviva.co.uk/membersite.

## **Declaration and signature**

I authorise the Company to deduct the AVCs detailed on this form via salary sacrifice (or from my salary if indicated) and to pay those AVCs to Aviva on my behalf. I agree to the Group Trustees and Aviva holding and processing the information contained in this form, for the purposes of administering the Group and the AVC Plan (further information on how the Group Trustees and Aviva handle members' personal information is available in their respective privacy notices, available on request from Railpen at the address below or, for Aviva, direct from www.aviva.co.uk/privacypolicy).

Your signature	Date
•	

Please return this form to: Railpen, 2 Rye Hill Office Park, Birmingham Road, Coventry, CV5 9AB.