

TO BE COMPLETED BY THE EMPLOYEE

Part A

Personal Details

Once completed this form should be sent to your Pension Contact for forwarding to Gallagher at: The Emerson UK Pension Plan, Gallagher (Manchester), PO Box 324, Mitcheldean, GL 14 9BJ.

Full Name:									
Date of Birth:			NI Number:						
Date Joined Company			Date Joined the Plan						
Target Retirement Age:			E-mail:						
Address:									
Part B Your Investment Options									
Please invest my funds as follows by either choosing one of the two Lifestyle options:									
					Tick to Select				
Legal & General Or		Emerson Default Lifestyle Fund							
Legal & General		Emerson Annuity Lifestyle Fund							
Or									
Legal & General		Emerson Cash Lifestyle Fund							
Or by choosing the percentage of your contributions you wish to invest in the specific Legal and General funds									
Investment Fun	Investment Fund		Investment Fu	ınd	Percentage				
EUKPP Global Equity Fund		%	EUKPP World (ex-UK)	K) Equity Fund %					
EUKPP UK Equity Fund		%	EUKPP Shariah Global	bal Equity Fund %					
EUKPP Diversified Fund		%	EUKPP Fixed-Interest	st Bond Fund %					
EUKPP UK Corporate Bond Fund		%	EUKPP All Stocks G	ilts Fund	%				
EUKPP Inflation-Linked Gilts Fund		%	EUKPP Cash F	und	%				
			TOTAL		100%				

Part C	Former Opt Out					
	ng the Plan after having puber of the Emerson UK		Please Tick YES	NO		
Part D	Lifetime Allowance					
I hold HMI Pension Be	RC Primary or Enhance nefits.	ed Protection for my	Please Tick YES	NO		
Part E	Your Contributio	n Rate				
Please ind	icate the level of contribu	tions to be paid, express	sed in percentage terms.			
	Your Regular Contribution	Employer Regular Contribution		Additional Voluntary Contributions*		
	%	%	%	or £		
* Contribut	tion scales will be confirm	ned by your on site Pensi	on or HR Contact			
Contributions	will be deducted under th	ne Emerson SMART Conti	ribution Arrangement.			
If you wish to	opt-out please tick here					
Part F	Member Declarate	tion				
I understand made availab	sh to join the Emerson UI that the above information to third parties authoris ware of my rights under t	on will be used for opera sed by the Trustee of the	Emerson UK Pension Pla	an to process my data		
Signature:			Date:			
Name:			Tel No:			
Part G	Site Pension Cor	ntact Statement				
I confirm that correct.	the member's personal	information and contribu	tion rates have been che	ecked to our records	and are	
Plan Referer	nce Code		Life Assuran	ce YES / NO		
Signature:		(To be signed by an authorised Pension/HR Contact)				
Name:			Date:			
The information	on provided will be proces	sed by Gallagher for purp	oses only associated with	the Emerson UK Pen	sion Plar	

The information provided will be processed by Gallagher for purposes only associated with the Emerson UK Pension Plan and will be used in accordance with it policies and the Trust Deed & Rules and the General Data Protection Regulation.