

Pension Scheme for the Education Sector

Employer Application Form

Defined contribution (DC)

This form will enable your organisation to participate in the Pension Scheme for the Education Sector (PSES) operated by TPT Retirement Solutions for your employees. Please complete all the sections and return it to the Client Relations Team.

Employer's Declaration

To Verity Trustees Ltd (The Trustee of TPT)

WE HEREBY APPLY to become an employer participating in the Pension Scheme for the Education Sector - PSES DC (the Scheme) as from and in consideration of such admission WE HEREBY UNDERTAKE AND AGREE to observe and perform all of the provisions of the Trust Deed and Rules and agree that such provisions shall be binding on us. Additionally, we undertake to advise the Trustee, in writing, immediately on going into liquidation, receivership or administration, becoming bankrupt or if a change of ownership or restructuring takes place and also if any other event occurs relating to the employer which may be of material significance to the Trustee or their advisers.

- We further understand that all due contributions must be received by TPT within the stipulated legal time limit and TPT will not be responsible for any penalty imposed by regulatory authorities for failure to do so.
- We confirm that we have taken any required steps (including any consultation with employees) to change any terms and conditions or contracts of employment for employees to enable their membership of PSES

- We confirm that we will, where applicable, provide a copy of the notice as soon as practicable to TPT after it has issued by the Teachers' Pension Scheme ("TPS") under paragraph 2(6) or paragraph 3(6) of Schedule 1 of the Teachers' Pension Scheme Regulations 2014 confirming that we are longer providing eligible employment for TPS purposes practicable after receipt;
- We understand that we will be required to indemnify the Trustee and/or TPT against any losses, liabilities, costs and expenses it may incur as a consequence of it being determined that any member of PSES is deemed eligible for TPS in the future or where any member makes a claim against the Trustee or TPT in relation to any benefit other than those accrued under PSES.

Signature: Date:

Full name:

Position:

1 | Employer's details

Full name of employer:

Alternative name (if required):

Organisation address:

..... Postcode:

Website:

General email:

General telephone number:

2 | Senior decision maker's contact details

Full name: Title (Mr/Mrs/Miss/Ms):

Position: Date of birth:

Organisation address (if different to section 1 above):

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Postcode: Direct telephone number:

Direct Email:

3 | Primary/Regular contact details

Full name: Title (Mr/Mrs/Miss/Ms):

Position: Date of birth:

Organisation address (if different to section 1 above):

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Postcode: Direct telephone number:

Direct email:

4 | Auto-enrolment contact details if different to

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Full name: Title (Mr/Mrs/Miss/Ms):

Position: Date of birth:

Organisation address (if different to section 1 above):

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Postcode: Direct telephone number:

Direct email:

5 | Employer information

Nature of business:

Approximate number of employees who will be eligible to join PSES (as at current date):

Full-time: Part-time:

Non-eligible:

Does your organisation have a waiting time before a member of staff can join the pension Scheme?

Yes ☐ No ☐ If yes, how long?

Customised default retirement age (55+) Default is age 65

Month of annual salary review:

Average salary:

Are any of the proposed eligible employees currently NOT “actively at work” Yes ☐ No ☐

Is salary sacrifice used? Yes ☐ No ☐

Is the organisation:

A Limited Company Yes ☐ No ☐ Registration No:

A Company Limited by Guarantee Yes ☐ No ☐ Registration No:

A Registered Charity Yes ☐ No ☐ Registration No:

An Industrial & Provident Society Yes ☐ No ☐ Registration No:

If you are unable to answer yes to one of Section 5, please provide details of the nature of your business, e.g. your Memorandum and Articles of Association or statement of business aims.

Are you associated with any other organisation and if yes, what is the relationship and who is the parent company?

6 | Proposed contribution structure

Please indicate the % contribution rates that will be paid by the Employee and the Employer.

Contribution rates for defined contribution:

Employer	(Minimum employer rate is 3%)
Employee	
Total	(Minimum total rate is 8%)

You can implement a matching strategy or age-related strategy for defined contribution if you wish. If you choose to do this indicate the details below.

Matching contribution strategy for defined contribution:

Minimum employee contribution: _____%

Matching contributions by the employer: _____%

Please confirm the employee : employer ratio for matching, for example 1:1 or 1:2

Is there a maximum employer contribution rate that will apply? Yes ☐ No ☐

If yes maximum employer rate is _____%

Age-related contribution strategy for defined contribution:

(Please provide details below of age bands and employer/member contribution rates or on a separate sheet.)

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Pensionable earnings for defined contribution

Please indicate the definition of pensionable earnings that your organisation will use for PSES defined contribution members:

Basic pay ☐ Total earnings OR ☐ Other (Please describe below or on a separate sheet.) ☐

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7 | Other Scheme information & auto-enrolment

Number of staff employed:

PAYE number:

The financial year end is:

Staging date:

Date to auto-enrol from (if different from your staging date):

Proposed auto-enrolment contributions

(**Please note:** These may be different to the contribution rates that apply to members who were not auto-enrolled.)

Employer: Fixed% or Variable% to%

Employee: Fixed% or Variable% to%

Pension Scheme for the Education Sector

Employer eBusiness contacts

Please complete the contact details below so that we can set up the employer login accounts necessary to meet your requirements.

Each contact will be issued with employer login details that are specifically for their own use, these must not under any circumstances be disclosed to others. Details of your responsibilities regarding the security of employer login details are covered in the eBusiness Terms and Conditions that your organisation has signed. If for any reason your contact details need amending, for example due to changes in staff, you must inform us so we can make the necessary amendments.

Employer name: Date:

Primary eBusiness contact

Full name: Title (Mr/Mrs/Miss/Ms):

Position: Date of birth:

Address:

.....

Postcode: Direct telephone number:

Direct email:

Additional eBusiness contact

Full name: Title (Mr/Mrs/Miss/Ms):

Position: Date of birth:

Address:

.....

Postcode: Direct telephone number:

Direct email:

Additional eBusiness contact

Full name: Title (Mr/Mrs/Miss/Ms):

Position: Date of birth:

Address:
.....

Postcode: Direct telephone number:

Direct email:

Please return your form by post to the Client Relations Team, TPT, Verity House, 6 Canal Wharf,
Leeds LS11 5BQ Tel: **0113 394 2754** Website: **www.tpt.co.uk**