

Application to change how much you save

Please complete this form IN BLOCK CAPITALS and return it to:
Payroll Team, Tesco House, Ground Floor, Highwoods, Shire Park, Kestrel Way, Welwyn Garden City, AL7 1GA

Please complete the following:

Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date of birth	<input type="text"/>
---------------	----------------------

(This eight digit number can be found on your payslip or Colleague Clucard)

National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

I wish to save at the following contribution rate.

<input type="text"/>	% of pensionable pay*
----------------------	-----------------------

Contribution rates must be at least 4% and be in full percentages apart from 7.5% (if applicable). Please refer to the member booklet for details of what you can save.

I understand that my contribution will be deducted every four weeks from my pay and paid directly into the Plan on my behalf and that Tesco will pay an equal amount towards the plan, subject to a maximum amount of 7.5%. I understand that on being enrolled as a member, I am agreeing to be bound by and comply with the rules of the Plan.

Signature	<input type="text"/>
-----------	----------------------

Date	<input type="text"/>
------	----------------------

*Please see the member booklet for details of pensionable pay.

Call the pension helpline on 0345 070 1113 if you have any questions.

Monday - Friday, 9 am - 5 pm. Local rate call from a landline or contract mobile. Charges from 'Pay As You Go' mobile could be significantly higher - please check with your provider.