SALARY EXCHANGE FOR ADDITIONAL PENSION CONTRIBUTIONS OPT-IN FORM - LUMP SUM ONLY



Effective from 1st October 2016

This for	m is for use by USS me	embers only				
Personal [Please comp	Details olete the following details in print	or capital letters				
Title:	Forename(s):	Forename(s):		ame:		
Joining date:		Payroll num	Payroll number:			
Department:		Division:	Division:			
I wish to I wish to (Please	Staff only opt in to Salary Exchange for opt in from indicate date - must be before rovide details of the additiona	e first contribution is due	to be paid)			
confirm that below the a employme	nat I wish to participate in Salary E at I have read and understood the authority to enrol me into the sche	explanatory material on the me. I understand that this r	University's Sa	lary Exchan	ige website and provide	
Signed				Date:		
Please return Pensions Off University of 6 Worcester S Oxford OX12	ice Oxford Street		Office use Checked	•	Date:	