

**APPLICATION FOR SALARY SACRIFICE**

To : The Pensions Department

I confirm that I would like to participate in the Salary Sacrifice Scheme with effect from  
.....

*Please refer to the table before completing the following sections of this form*

My current pension contribution is : .....%

I confirm that I wish to make a salary sacrifice of : .....%

I understand that my pension contribution will be increased by : .....%

I understand the scheme represents a change in my terms of employment and should I choose to I can leave the scheme and revert back to the previous terms and conditions.

Signed: .....

Name : .....

Department : .....

Payroll No : .....

Date : .....

Cashiers : Please Increase / decrease the employers contributions to .....%

Authorised : .....

Date : .....