

Fill in this form to elect for a contracting-out certificate for an Industry-wide Money Purchase and Money Purchase Stakeholder scheme.

About the scheme

1 What is the name and registration number of the scheme?

1.1 Pension scheme name *max 255 characters*

1.2 Pension Scheme Tax Reference (PSTR)

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1.3 Superannuation Fund (SF) reference

1.4 Scheme Contracted-out Number (SCON)

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2 What type of certificate are you applying for?
Tick one box

Industry-wide Money Purchase scheme (COMP)

Industry-wide Money Purchase Stakeholder Pension scheme (COMPSHP)

Converting an existing Industry-wide Money Purchase scheme (COMP) to an Industry-wide Money Purchase Stakeholder Pension scheme (COMPSHP)

3 Effective date of contracting-out *DD MM YYYY*

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4 Who is responsible for the day-to-day management of the scheme?

Name

Address

Postcode

Country

Phone number

Email

Reference number *if known, max 30 characters*

5 Who is the main trustee for the scheme?

Name

Address

Postcode

Country

Phone number

Email

Trustee reference number *if known, max 30 characters*

6 Which type of notice has been issued?

6.1 Fill in the necessary details and tick the appropriate box.
 A Notice of intention which expired on *DD MM YYYY*

has been given to the earners in respect of whose employment the election is intended to be made.

A notice of explanation has been given to the earners to whose employment the election relates.

6.2 How was the notice issued?

By sending or delivering it in writing to each of the employees.

By exhibiting it conspicuously at the place of work and drawing each employee's attention to it in writing.

6.3 Copies of the notice have been sent to:

the trustees

the person responsible for the day-to-day management of the scheme

the insurers/friendly society

the Trade Unions(s) recognised in relation to the earners concerned.

7 Information relating to the employers

7.1 Give details of all employments to be covered by the contracting-out certificate including the Company Registration Number (CRN) (*if appropriate*) and Employer's Contracted-out Number (ECON) (*if known*).
 If you need to give details for additional employers, please use a separate sheet.

Employer's name

Employer's address

 Postcode

 Country

CRN

ECON
 E

Required effective date *DD MM YYYY*

Employer's name

Employer's address

 Postcode

 Country

CRN

ECON
 E

Required effective date *DD MM YYYY*

Employer's name

Employer's address

 Postcode

 Country

CRN

ECON
 E

Required effective date *DD MM YYYY*

