CONTRIBUTION AMENDMENT FORM

Universities and Colleges Retirement Savings Scheme (UCRSS)

Please complete this form using CAPITAL LETTERS.

r lease complete this form o	ising C	AFIIAL	. LL L	-110.	riease complete this form using CAPTTAL LETTENS.					
Your details To be completed by the <i>em</i> Surname	ployee	- pleas	e use C	:APITA	L LETTERS Title					
First Name(s)					Marital Status					
Date of Birth Employee No.					National Insurance No.					
Your contributions I wish to amend my employee contribution rate as indicated below and acknowledge I wil receive the corresponding employer contribution up to a maximum of 10%.										
Please indicate rate										
Employee contribution	2%	3%	4%	5%	% please specify					
Employer contribution	7%	8%	9%	10%	10%					
I acknowledge that I will be able to amend my contribution rate at any time in the future.										
Your investment choices										
I acknowledge that I will be able to amend my investment option, target retirement age and Lifestyle switching this age at any time in the future.										
manually, the data which the	ey colle ct 2018	ect relat s. I agre	ing to nee to a	ny mem ny disc	d processing, both electronically and obsership of the UCRSS in accordance losure of that information both within					
Signed					Dated					

Please return this form to: payrollservices@lincoln.ac.uk