

Group Additional Voluntary Contributions (GAVC)



Please fill in this form to change your Group AVC Plan and **return it to your employer.**

Personal details

Title:	Surname:
First name(s):	
Date of Birth:	National Insurance No.:
Address:	
Postcode:	
Payroll No.:	Employer:

Changing Regular Contributions

I wish to change my AVCs payments and therefore please arrange for the following revised deductions from my pay:

Contribution: £ per month **OR** % of pay

Date of first revised monthly contribution:

Please note: If this form is not submitted in time for the specified amount to be deducted from your chosen month's salary, the specified amount will be deducted from your pay in the following month.

My Investment Choices

I would like to invest in the following funds:

Please note: the total percentage of your fund choices must add up to 100% and must be shown in multiples of 5% e.g. 5%, 25%, 50%

**If the Standard Life "Investment Strategy" Fund is selected but not the full 100% of contributions, then the remainder must be invested in the "With Profits" Fund.*

Money Market	<input type="text" value=""/>	%
Deposit and Treasury	<input type="text" value=""/>	%
Ethical	<input type="text" value=""/>	%
Investment Strategy*	<input type="text" value=""/>	%
Managed	<input type="text" value=""/>	%
With Profits	<input type="text" value=""/>	%
Total		100%

Signature

Data Protection and General Data Protection Regulations (GDPR):

To protect personal information held about you, Cornwall Pension Fund is registered under the Data Protection Act 2018. The Fund may, if it chooses, pass certain details on to a third party, if the third party is carrying out an administrative function of the Fund.

The Fund is under a duty to protect the public funds it administers and may use information for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for those purposes.

A General Data Protection Regulations (GDPR) Full Privacy Notice explaining how we process and use your personal data is available on our website.

Signed:

Date:

Please return this form to your employer

To be completed by the employer

Name of employer:

Current rate of taxable pay:

£

I / We confirm that this payment, together with the normal employee contribution, does not exceed 100% of the employee's gross taxable pay.

Signed by Authorised Officer:

Date:

Employers – please return this fully completed and signed form to Cornwall Pension Fund