

Contribution change request form for the partnership pension account & Civil Service Additional Voluntary Contribution Scheme (CSAVCS)

Please complete this form in black ink and in BLOCK CAPITALS and return it to your employer's payroll department.

Your personal details

| Your name |
|-------------------------------------|
| Your address |
| Postcode |
| Your date of birth |
| Your telephone number |
| Your National Insurance (NI) number |
| Your pay number |

Your contributions

I wish to revise my contribution rate I wish to cease my contributions

Please confirm the amount you wish to contribute.

If you wish to cease your contribution, enter zero here.

% of pensionable pay per month OR $\ \ \ \ \ \ \ \ \ \$ per month

Your declaration

Please revise or cease my contribution rate (as detailed above) from my salary from the next available pay period.

| Your signature | | | |
|----------------|--|--|--|
| Date | | | |

The scheme is committed to managing your data in line with the Data Protection Legislation. For more information about how your data is managed, please visit: www.civilservicepensionscheme.org.uk/privacy-policy