

Election to Opt In Pension Builder Classic

Personal Details

Title:	
Surname:	
First name(s): in full	
Date of birth: (DD/MM/YYYY)	
National Insurance number:	
Sex: (please delete one)	Male / Female

Employment Details

Name of employer:	
Date I wish to join PB Classic:	

Signed:	Date:
Print name:	

Please return this form to your employer who will inform us that you wish to join PB Classic.

Information for the employer:

- The employee must be enrolled in to PB Classic within 1 month of the date of receipt of this form,
- You must pay the same level of contributions and life cover as an equivalent employee,
- Please enrol the employee via the joiner excel sheet and email this to pensions@churchofengland.org.