

THE CHURCH OF ENGLAND FUNDED PENSION SCHEME		
THIS PARTICIPATION AGREEMENT is made on		<i>*leave blank:</i>
Between	<i>*enter Responsible Body name:</i>	(the "Responsible Body")
and The Church of England Pensions Board (the "Trustee").		
<p>1. <i>In this Agreement:-</i></p> <p>"Responsible Body" means any employer defined under Clause 4.5</p> <p>"Employee" means any person who is eligible to join the Scheme under Rule 2.1 and 2.2.</p> <p>"Flexible Apportionment Arrangement" means the arrangement to apportion liabilities for the purpose of section 75 of the Pensions Act 1995 as set out in explanatory paper dated May 2014.</p> <p>"Scheme" means the Church of England Funded Pension Scheme.</p> <p>"Rules" means the Rules of the Fund.</p> <p>"Service" means employment with the Employer.</p> <p><i>Other expressions have the same meaning as in the Rules.</i></p>		
2. This Agreement records that the Responsible Body participates in the Scheme in accordance with its Rules and the Responsible Body agrees to comply with those Rules as amended from time to time.		
<i>*enter date on which membership with the Scheme will commence</i>		
3. With effect from the Responsible Body provides benefits under the Scheme.		
4. The Responsible Body nominates the Church of England Pensions Board to act for the participating Employers in the Fund for the purposes of the Pensions Act 1995 and 2004 and any other applicable law including but not limited to funding matters under part 3 of the Pensions Act 2004.		
5. If the Responsible Body so requests or agrees and pays any additional contributions that the Trustee considers appropriate (for which purpose the Trustee will consider the advice of the Actuary), the Trustee will provide:		

- (a) increased or additional benefits in respect of any Member or Members,
- (b) benefits in respect of any Member or Members different, or on different terms, from those set out elsewhere in the Rules, or,
- (c) benefits in respect of any Employee or former Employee or any spouse or dependent of a former Employee (or for any other person for whom the Inland Revenue permit the Fund to provide benefits).

Any benefits provided under this Clause will be consistent with the Contracting-out, Preservation, Revaluation and Transfer Value Laws.

10. The Responsible Body confirms receipt of the explanatory paper dated May 2014 and agrees to the Flexible Apportionment Arrangement. The Responsible Body agrees to apportionment of liabilities as described in the paper.

[Note: all Responsible Bodies must agree the apportionment]

6. The Employer **does/does not*** intend to use the Scheme to meet its obligations under the Pensions Act 2008 in respect of “automatic-enrolment”.

****delete as appropriate***

7. The employer will be treated as a Responsible Body under Rule 2.2.1. This agreement can be terminated on three months’ notice, or a shorter period if the Board agrees. If this agreement is terminated, any Members will be treated as having left Service.

Signed		Signed	
<i>for and on behalf of the Responsible Body</i>		<i>for and on behalf of the Pensions Board</i>	

The Church of England Pensions Scheme Contact Information Form

Where the same address or contact applies, please show this and only complete the relevant fields.

1. Contact for Policy Issues etc

Name: _____

Job Title: _____

Address: _____

_____ Post Code: _____

Telephone _____ Fax _____

E Mail _____

2. Contact for Contribution Statements, Salaries & Accounts, etc

Name: _____

Job Title: _____

Address: _____

_____ Post Code: _____

Telephone _____ Fax _____

E Mail _____

3. Contact for Personnel Issues, Membership Queries, etc

Name: _____

Job Title: _____

Address: _____

_____ Post Code: _____

Telephone _____ Fax _____

E Mail _____

The Church of England Pensions Scheme

Information Required for Regulatory Bodies

Name of Employer: _____

Address: _____

(Please give the registered or permanent address, not the address of a current officer holder)

Nature of Business: _____

Relationship of employer to Church of England: _____

Status of Employer *(tick all that apply)*

1	PLC	
2	Limited Company	
3	Unlimited Company	
4	Partnership	
5	Sole Trader	
6	Charity	
7	Friendly Society	
8	Other (please specify)	

Company Registration Number (if applicable): _____

Date of Company Registration (if applicable): _____

Company DUNS¹ Number (if applicable): _____

Charity Registration Number (if applicable): _____

Date of Charity Registration (if applicable): _____

Auto Enrolment Staging Date: _____

Employer's Accounting Date: _____ / _____
Day Month

Signed: _____ Position: _____

Date: _____

¹ A **DUNS number (for Data Universal Numbering System)** is a unique identifier for businesses. DUNS numbers are assigned and maintained by Dun & Bradstreet (D&B) and are used for a variety of purposes, including establishing business credit, applying for government contracting opportunities, and giving potential customers a way to view your payment history.