

You **must** fully complete parts A - C of this form. When completed, please return to your Personnel branch.

**Part A: Details about you**

Your full name:\*

Date of birth:\*

 /  / 

Your Department / Employer:\*

National Insurance Number:\*

Your full office address:\*

Your daytime telephone number:\*

Your e-mail address:

\* This information is necessary in order to complete your application.

[▶ Go to part B](#)**Part B: Your partnership pension account details**Partnership provider:  
(Tick one ✓)**Scottish Widows****Standard Life****TUC / Prudential**

Partnership pension account number (if known):

The partnership contribution rate you wish to make:

 % of Salary[▶ Go to part C](#)**Part C: Authority**

I authorise my employer to deduct my partnership pension account contributions from my salary at the rate shown in Part B above.

Signature:

Date:

 /  / **Part D Employer action over the page**

**This section is to be completed by the Employer only**

**Part D: Employer action**

Employer / Payroll code     /

State the first day on which payments are to be deducted  D  D  M  M  Y  Y

Age-related payment  % + Matching payment  % = Total Employer payment  %

Annual pensionable earnings £

Payroll reference number

**This application form has been approved and checked on behalf of the employer and will be taken by the provider as a declaration of earnings.**

**Employer contact details**

Full Name:  (please print)

Telephone:

Signature:

Date:  /  /

Please send a copy of this form to the partnership provider listed at part **B** overleaf. Keep the original on the member's Personnel file and **send a copy to Civil Service Pensions** for their records.

**Form RP1**

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