



KINGFISHER

Kingfisher Pension Scheme Money Purchase Section Additional Benefits Form

You must complete this form and sign at the bottom.

PERSONAL INFORMATION you must complete this section

Full name	<input type="text"/>													
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>						Employee number	<input type="text"/>						
Address	<input type="text"/>													
	<input type="text"/>						Postcode	<input type="text"/>						

ADDITIONAL BENEFITS

- I would like to apply for additional life assurance and agree that 0.25% of Salary will be deducted from my Core Contribution.
- I would like to apply for additional Total Incapacity cover and agree that 0.25% of Salary will be deducted from my Core Contribution.

You must complete the statements below and sign the Declaration at the bottom of the page.

	Yes	No
I confirm that at the date of signing this form I am actively employed by the group.	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that I have not been absent from work for more than 5 consecutive working days in the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I declare that all the information provided by me on this form is true and complete.

Signed	<input type="text"/>	Date	<input type="text"/>
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Please return to Kingfisher Group Pensions Department, 3 Sheldon Square, Paddington, London W2 6PX. If you need any help please ring the Group Pensions Department on **08456 80 70 60** (Monday to Friday, 9am – 5pm).