



THE WORKPLACE PENSION

NEW SCHEME ORDER FORM

EMPLOYER DETAILS

NOTES:

This Order Form should be completed and submitted as soon as possible in advance of the Employer's Staging Date, by the Employer or the Adviser on behalf of the Employer, as applicable.

A minimum timescale of 6 months prior to the required Staging Date is recommended.

The Terms and Conditions should be read before agreeing and signing the Participation Agreement provided with this form.

The payment of the Scheme Establishment Fee (one-off payment) should be made when the Order Form is submitted.

Please supply any additional information in relation to this Scheme

Please complete and return to:

Onboarding Team

Carey Corporate Pensions UK Limited

Lakeside House

Shirwell Crescent

Furzton Lake

Milton Keynes, MK4 1GA

1. EMPLOYER DETAILS	
Employer Name	
Company Registration Number	
Registered Office Address and Postcode	
Employer Billing Address and Postcode if different to above	
Employer Contact Name	
Employer Contact Email Address	
Employer Contact Telephone No Employer FAX No	
Generic Employer website address for registration with The Pensions Regulator	
2. WE REQUIRE THE FOLLOWING TO BE SET UP (please tick if required)	
Workplace Pension Scheme <input checked="" type="checkbox"/>	Auto-enrolment Compliance Module for on-going Assessments and Compliance Reporting, Records and Communications <input type="checkbox"/>
3. WE ARE SUBMITTING THE FOLLOWING (please tick)	
3.1 Fully completed New Scheme details (this document)	<input type="checkbox"/>
3.2 Signed Participation Agreement	<input type="checkbox"/>
3.3 Payment BACS Details for payment Sort 16-00-79 A/C 11191444	<input type="checkbox"/>
4. INVESTMENT FUND	
Default Investment:	AXA Wealth Birthstar Target Date Fund
5. COSTS: PENSION SCHEME & AE COMPLIANCE MODULE (if required)	
<ul style="list-style-type: none"> Establish & Implement Scheme £500 (one-time payment) (Paid by the Employer in advance) Annual Administration 0.50 % Plus £1.00 per member per month (Paid from Member's Scheme Funds) Auto-enrolment Compliance Module £500 (one-time payment) £1+VAT per member per month (minimum £25+VAT per month applies) (Only if required - paid by Employer) 	
6. SIGN TO ACCEPT COSTS (Costs accepted by Employer as noted above and in the Fee Schedule)	
Signed:	<i>(Employer Authorised Signatory)</i>
Date:	

7. WORKPLACE PENSION SCHEME DETAILS	
Employer Contribution Rate <input type="text"/> % (Statutory Minimum applies)	Employee Contribution Rate <input type="text"/> %
Contribution Schedule	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Four-Weekly
Basis of Salary If other please clarify:	Qualifying Earnings
Total Number of Employees (current)	<input type="text"/>
Employer's Staging Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Employer PAYE Reference No	<input type="text"/>
Date of Expected 1 st Contribution	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
8. PAYROLL	
Name of Payroll Software	
9. ADVISER DETAILS <i>(complete if applicable)</i>	
Adviser Firm	
Name of Adviser	
Adviser Firm Registration Number	
Adviser Registered Office Address and Postcode	
Adviser Telephone:	
Adviser Email:	

10. EMPLOYER DECLARATION

1. (If applicable) The Adviser firm noted in this Order Form is appointed to advise the Company with regard to their workplace pension arrangement and the associated investment strategy and authorise Carey to liaise with the Adviser on any aspect of the company pension scheme on our behalf.
2. We will comply with the Terms and Conditions and ensure that all data provided to you is accurate and correct.
3. We will indemnify you in respect of any claim arising from our providing inaccurate or incorrect data or any claim arising from our negligence.

Signed:

(Employer Authorised Signatory)

Date: