

# UNIVERSITY OF YORK PENSION FUND

## Additional Voluntary Contributions (AVC) amendment form

To be completed by a member who is already contributing to an AVC policy with the University of York Pension Fund (the Fund) and wishes to change the amount they pay each month.

### Your details

Title: \_\_\_\_\_

Forename: \_\_\_\_\_

Other (middle) names: \_\_\_\_\_

Surname: \_\_\_\_\_

National Insurance number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Your contact details

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Personal email address: \_\_\_\_\_

### AVC lump sum contribution

I wish to make the following change to my monthly contribution to my AVC policy:

either:  % or a fixed amount of  £

**Please continue overleaf...**

## Signature & declaration

I authorise my employer and the University of York Pension Fund to amend the amount that I contribute to my AVC policy and to pass any information about me, which might reasonably be required to amend my existing arrangement under the Fund, to Legal & General.

I understand that the AVC contribution amount will be deducted from my gross pay from the next available pay period and authorise my employer to make this deduction from my pay.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## What to do next

Please return the original of your completed form to:

Pensions Office  
University of York  
Heslington  
York  
YO10 5DD

## Notes

- We cannot accept scanned copies of this form.
- This form must be signed with a wet-ink signature.