

# UNIVERSITY OF YORK PENSION FUND

## Additional Voluntary Contributions (AVC) lump sum payment form

To be completed by a member who is already contributing to an AVC with the University of York Pension Fund (the Fund) and wishes to pay a single lump sum amount.

### 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 single lump sum contribution to my AVC policy:

A fixed amount of

**Please continue overleaf...**

## Signature & declaration

I authorise my employer and the Fund to deduct a lump sum from my salary in line with my instructions above and to pass any information about me, which might reasonably be required to make this lump sum payment to my existing arrangement to Legal & General (L&G).

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

I understand that the investment of this lump sum will be made in line with my existing investment choices and that I am able to change where my funds are invested by logging into my online account and making the amendments to my policy.

I understand that saving large amounts into an AVC can have tax implications if it causes me to breach the:

- annual allowance (AA),
- money purchase annual allowance (MPAA) (if I am subject to this) or,
- lump sum allowance (LSA)

and that it is my responsibility to investigate these and satisfy myself that I am aware of the impact and consequences of this.

I understand that I may not be able to receive back all of my AVC fund as tax free cash if it exceeds HMRC limits.

I understand that the Trustee recommends that I take financial advice. I understand that the Trustee is not able to offer me advice in this matter and can accept no responsibility for any adverse outcomes of my decision.

Signed:

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Date:

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## 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.