

Contribution Alteration Form

(December 2025)

If you are a Contributory Pension member and your start date with the RNLI was on or after 1 February 2026, please complete this form.

Personnel number

First name

Middle name(s)

Surname

Date of birth

Home address

Post code

Town

County

Home phone

Mobile phone

Email address

National Insurance no.

I wish to alter my personal contributions as detailed below. I understand that the contributions made by the RNLI will also be affected.

I authorise the RNLI to deduct this revised payment from my salary and I understand that this change will be implemented at the first available contribution date.

Contribution options

Employee contribution	Employer contribution	Total contribution
3%	7%	10%
4%	8%	12%
5%	9%	14%
6%	10%	16%
Over 6%	% 10%	17% (or more)

Signed (enter name)

Date