

UK Defined Contribution Pension Plan Upgrade Form

(December 2025)

If your start date with the RNLI was on or after 1 February 2026, please complete this form.

Personnel number

If you are a seasonal employee or apprentice, please tick here:

First name

Middle name(s)

Surname

Date of birth

Home address

Post code

Town

County

Home phone

Mobile phone

Email address

National Insurance no.

Section 2: Please complete the below section if you are an employee who joined the RNLI on or after 1 February 2026

I have joined the RNLI UK Group Personal Pension Plan at the minimum percentage, and I would like to increase my contributions to the following:

Contribution options

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

I understand that my contributions will be paid by **Salary Exchange** unless I am paid on completion of timesheets, if I am an apprentice, or if I am over state pension age, or I am on maternity / adoption / extended paternity leave, or I sign the opt-out of Salary Exchange section on the reverse of this form - in which case I will remain a contributory member, at the contribution level selected above.

Life Cover - this is an additional employee benefit, provided by the RNLI

Your beneficiaries will be entitled to a life cover lump sum payment equivalent to 4 x your annual salary while you are an RNLI employee.

I hereby authorise my employer to deduct the amount detailed on this form from my pensionable salary to contribute into the Plan, from the next available month/pay period.

Signed (enter name)

Date

**See Section 3 for Salary Exchange Opt-Out, otherwise please submit to People Admin.
For any queries refer to the UK member handbook on the RNLI Pension website or contact People Admin.**

Section 3: Salary Exchange Opt-Out

If you wish to opt out of the Salary Exchange arrangement, please also complete the following declaration

I have decided that I do not wish to participate in Salary Exchange. I do wish to continue to contribute to the Plan administered by Aviva as a Contributory member. I therefore confirm that:

I wish to opt-out of Salary Exchange. My basic salary will not be altered as I will not be participating in Salary Exchange.

I wish to continue contributing to the Plan from my net pay and, for the avoidance doubt, authorise the Employer to deduct my member contributions to the Plan from my net pay.

I will remain responsible for reclaiming any higher rate tax relief due on my personal pension contribution, as these contributions are deducted from my pay net of basic rate tax.

Please only sign below if you wish to opt-out of Salary Exchange.

Signed (enter name)

Date