

# Record of payments due

Use this form to set up or change regular contributions to an Aegon Self-invested Personal Pension (Aegon SIPP).

You must notify us of any changes to these payments. If you fail to do so, we'll be unable to monitor payments as detailed in accordance with the Pensions Act 2004, and you may be reported to the Pensions Regulator.

If you're deducting employee's contributions from their net salary, these must be received by us no later than 22 days after the end of the month in which the deduction was made.

Please complete this form by typing in the boxes, including the signature box(es) and email it to: [aegoncofundsadministration@aegon.co.uk](mailto:aegoncofundsadministration@aegon.co.uk)

If contacting us by email, please don't include any personal, financial, or banking information as email isn't a secure method of communication. If you decide to send information in this way, you're doing so at your own risk as there's no guarantee that any email sent by you to us will be received or remain private during transmission. Where secure online journeys are available, please login to complete these.

## 1. Member details

Title

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)


Surname


Date of birth

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National Insurance (NI) number

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## 2. Employer details

Employer name

Person dealing with correspondence

Address

Postcode

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Company registration number

Contact telephone number (for any questions)

### 3. Regular contribution details

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Please tick as appropriate

- ☐ I'm setting up new regular payments
- ☐ I'm making changes to existing regular payments

Product number

8

Monthly contributions

Employer (gross)

£

Salary Sacrifice (gross)

£

from employee's gross  
income

Employee contribution (net)

£

from employee's  
net income, we add basic  
rate tax to this

Do you want to increase regular contributions each year?

- ☐ No
- ☐ Yes, by the Retail Price Index (RPI)

Month in which the first employee contribution is deducted from pay (if applicable)

Start date\*

\*We'll normally take the first payment from your account up to 17 days after receiving this form. Depending on the date you select, this may mean we take your first payment the following calendar month.

## 4. Declaration

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In this declaration, 'we' means the employer and Aegon means Scottish Equitable plc as the provider of the Aegon SIPP.

- 4.1 We declare that to the best of our knowledge and belief, the statements made in this section and any related documents are correct and complete and that we haven't concealed any material fact.
- 4.2 We agree to pay Aegon regular contributions for the member.
- 4.3 Although we can contribute to member's benefits, the contracts exist between the member and Aegon.
- 4.4 We'll be responsible for dealing and corresponding with Aegon regarding the payment or non-payment of contributions for the member.
- 4.5 We undertake to advise Aegon within 30 days of the member ceasing to be employed by us or where contributions are reduced or terminated.
- 4.6 If any payment due isn't received by Aegon within 90 days of the due date or where Aegon feel that non-payment is of significance, Aegon must advise The Pensions Regulator and if Aegon hasn't reported to them previously, the member.
- 4.7 It's our responsibility to ensure Aegon is provided with relevant information to monitor payments and that should we fail to provide it we'll be reported to the Pensions Regulator.

- 4.8 We confirm that, under relevant Data Protection Legislation, we have a suitable lawful basis for sharing the member's personal data within the schedules to be provided to Aegon from time to time and used in accordance with the Data Protection section in the terms and conditions.
- 4.9 We are aware that you make our personal information available to third parties by electronic or other means for the purpose of verifying identity in accordance with the Money Laundering Regulations.
- 4.10 As the employer you should sign and date this form by typing your full name in the signature box below and typing the date in the date box or by using any other electronic signature method we have agreed, in writing with your adviser, to accept. Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date

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Print name

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Employers signature (type name here)

X	X
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