



The Options Workplace Pension Trust

Employer New Scheme Order Form

Please complete this form if you are an employer and you wish Options Corporate Pensions UK Ltd to set up a new workplace pension scheme for your employees.

You should complete this form and submit it as soon as possible to ensure you are meeting your legal requirement to provide your employees with a workplace pension scheme.

The terms and conditions **should be read** before agreeing and signing the participation agreement.

Please return completed form and all supporting documentation to:

Please complete and return by post to:

Onboarding Team
Options Corporate Pensions UK Ltd
1st Floor, Lakeside House
Shirwell Crescent, Furzton Lake
Milton Keynes, Buckinghamshire
MK4 1GA

or

Email a scanned copy to: onboarding@optionspensions.co.uk

The security and safety of your data is very important to us.

A copy of our privacy notice can be found on our website www.optionspensions.co.uk

1. Employer Details

Company name	<input type="text"/>
Date commenced trading	<input type="text"/>
Company registration number	<input type="text"/>
Certificate of incorporation number	<input type="text"/>
Registered office address and postcode	<input type="text"/>
Employer billing address and postcode if different to above	<input type="text"/>
Employer contact name	<input type="text"/>
Employer contact email address	<input type="text"/>
Employer contact telephone number	<input type="text"/>
Website address for registration with The Pensions Regulator	<input type="text"/>

2. We Require The Following To Be Set Up

2.1 Workplace Pension Scheme

3. We Are Submitting The Following (please tick)

- 3.1 Fully completed new scheme details
(this document)
- 3.2 Signed participation agreement

4. Investment Fund

Default Investment:

5. Costs: Pension Scheme

• Establish & implementation of scheme	No cost to Employer
• Annual Admin	0.50 % Plus £1.50 per member per month (Deducted direct from member personal savings funds on pots over £10)

6. Workplace Pension Scheme Details

Employer contribution rate % (Statutory Minimum applies) Employee contribution rate %

Contribution Schedule Weekly Fortnightly Monthly Four-Weekly

Basis of salary

Qualifying earnings

If other please clarify:

Total number of current employees

Employer's staging date or duty start date* *MUST be entered

Are you switching from your current workplace pension provider? Yes No

Employer PAYE reference no

Date of expected 1st contribution

7. Payroll

Details of person to contact for Payroll

Name

Email

Telephone

Name of payroll provider firm

Name of payroll software

8. Company Director(s) Details (to be completed for our required due diligence checks)

Director name and surname

Home address

Date of birth

Director name and surname

Home address

Date of birth

Director name and surname

Home address

Date of birth

Director name and surname

Home address

Date of birth

Director name and surname

Home address

Date of birth

Names of individuals who own or control over 25% of its shares or voting rights

Names of any individual who may exercise control over the management of the company

List of authorised signatories

9. Employer Declaration

1. We will comply with the Options Workplace Pension terms and conditions and ensure that all data provided to you is accurate and correct.
2. We will indemnify you in respect of any claim arising from our providing inaccurate or incorrect data or any claim arising from our negligence.

Signed

(Employer authorised signatory)

Date

Add any additional notes



PART OF



GROUP PLC

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FOR MORE INFORMATION PLEASE CONTACT
[OPTIONS CORPORATE PENSIONS UK LTD](#)

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