

The Options Workplace Pension Trust

Participation Agreement

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ŀ	'artıcı	pation Agreement dated	day of		202			
The Options Workplace Pension Trust								
Employers								
a.		(the "employer")						
		wishes to participate in the Options Workplace Pension Trust (the "scheme").						
b.		The scheme is a registered pension scheme that meets the minimum requirements to provide an auto-enrolment pension solution to employers reaching their staging dates.						
C.		New employers are permitted to participate in the scheme by agreement with Options Corporate Pensions UK Limited ("Options") and the trustees.						
d.	The trustees have delegated to Options the authority to admit new employers to the scheme.							
Agreement								
1.	The	The employer is admitted to the scheme with effect from [the date of this agreement].						
2.	non-	Eligible jobholders are automatically enrolled for membership of the scheme subject to the rules. In addition, non-eligible job holders are able to opt into the scheme and entitled workers are able to join the scheme with no barriers.						
3.	The scheme operates tax relief on contributions via the net pay arrangement. Contributions by the employer and those of its employees admitted to the scheme shall be made from gross pay and be paid every payroll reference period at or above the rates shown in the following table, based on qualifying earnings per annum:							
	3.1	Effective Date	e Employer Minimum Contribution		Total Minimum Contribution			
		6 April 2019 onwards	3%		8%	,)	-	
	3.2 Both Employers and Employees can opt to pay increased contributions above the minimum requirements at any time via their payroll.							
4.	The employer shall pay the fees and charges notified to it as payable in connection with the scheme in accordance with the terms and conditions.							
5.		The employer covenants to comply with the terms of the scheme including the rules and accepts the terms and conditions.						
	Signature							
		(Print Name))					
Authorised signatory for and on behalf of								
		Name of Employer	-					





PART OF

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FOR MORE INFORMATION PLEASE CONTACT

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