



Looking forward to your retirement

Employer contact details form

Employer name _____

Employer address _____

Employer Pension Scheme Reference Number (EPSR) _____

Companies House Number (if applicable) _____

Registered Charity Number (if applicable) _____

Telephone number _____

Email address _____

Please complete each section below, so that Peninsula Pensions know who to contact and who is authorised to sign relevant pension forms. Each section must be signed by the individual so that we can identify who is authorising the form. Please add more contact details if applicable.

If you are part of a Multi Academy Trust, the Trust is deemed to be the employer and all administration and responsibilities fall at Trust level. However, if you have decided that general pension's administration will be done at academy level instead, please provide one contact from the Trust and then the details of the academy staff who will be completing and submitting all the pension forms.

First contact

Name _____ Job title _____

Tel _____

Email _____ Signature of named person _____

Second contact

Name _____ Job title _____

Tel _____

Email _____ Signature of named person _____

Third contact

Name _____ Job title _____

Tel _____

Email _____ Signature of named person _____

Fourth contact

Name _____ Job title _____

Tel _____

Email _____ Signature of named person _____

Peninsula Pensions is provided by Devon County Council and is a shared service with Somerset County Council
www.peninsulapensions.org.uk



Payroll Provider

For information purposes only, please complete the information below on your payroll provider.

Please note that we will not deal with your payroll provider directly, and all pensions' forms must be signed by the employer's authorised staff members named above.

Our payroll is provided: In-house By an outside provider (circle choice)

If you have a contract with an outside provider, please give details below:

Name of payroll provider _____

Above details completed by _____

Job title _____ Tel _____

Signature _____ Date _____

