Elevate Pension Investment Account – Employer's record of payments due

About this form

As the employer, you should fill in and sign this form if you are contributing to this employee's pension plan.

As an employer, it is your legal responsibility to provide Elevate with a record of payments due before you pay a contribution. This record should list the contributions you expect to pay to the Elevate Pension Scheme (No 1) until the employee's expected pension age, or earlier date where notified. We will use this to check the contributions we receive from you against the amounts shown on the record.

Contributions must be paid to us by the due date, which is the day you are due to make employer contributions.

Please complete this form using **black ink** in **CAPITAL LETTERS**. Section A should be completed by the adviser; Sections B, either C and/or D and E should be completed by the employer.

Section A

Employee details

To be completed by the adviser

Employee name	
Elevate account number	E L

Section B

Employer's details

To be completed by the employer

Employer name	
Employer address (inc postcode)	
Employer contact name	
Employer contact number	

Type of organisation

- ☐ Public Limited Company
- ☐ Sole trader
- ☐ Private Limited Company
- ☐ Trust
- ☐ Partnership
- ☐ Registered charity

If a regular payment is being made please fill in Section C.

Section C

Employer regular payment details

To be completed by the employer

Regular payment frequency:

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

First payment date (DD/MM/YYYY) ☐☐☐☐☐☐☐☐ or date of revised payment (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Gross amount of the payment (correct to two decimal points) £ ☐☐☐☐☐☐☐.☐☐

Section D

Employer single payment details

To be completed by the employer

Single payment date (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Gross amount of the payment (correct to two decimal points) £ ☐☐☐☐☐☐☐.☐☐

Section E

Employer's declaration

To be completed by the employer

Please read the declaration and fill in the details below.

I confirm that:

- I have checked that the information detailed in Sections A–D is correct.
- This form is my record of payments due for the above named employee and takes effect from the date of the first payment due from me or the date of the revised payment to the Elevate PIA.
- I will tell Elevate of any future changes to the payments I am making to this Elevate PIA before the date of the next revised payment and provide a new record of payments due.
- I will pay the employer's contributions stated on this form and I understand that these contributions will be invested into the Elevate PIA to provide retirement benefits for my employee and I have absolutely no rights in respect of this plan.

Full name	
Position in company	
Contact telephone number	
Signed by or on behalf of the employer	✗
Date (DD/MM/YYYY)	

Please return the whole of this form to the address below.

Elevate
PO Box 6877
Basingstoke
RG24 4RT
United Kingdom

If you have any further queries please contact Elevate on 0345 600 2399, quoting the Elevate account number on the previous page.

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