

BONUS WAIVER APPLICATION FORM 2024/25

1. I wish to waive a percentage or amount of my discretionary bonus

Please indicate the percentage or amount you wish to waive % or £

In return, I understand that my employer will make a pension contribution of an equivalent amount to the HL Workplace pension, provided a bonus of at least the specified value is paid. If a monetary amount is specified above and this is greater than the value of any bonus awarded, the full value of any such bonus will be waived. I understand that once an election to waive my bonus is effective, it cannot be cancelled.

Note: Please keep in mind that pension and tax rules can and do change.

If you choose to submit a bonus waiver election, the waived amount will be contributed to your pension after 5 April 2024 and therefore in the 2024/25 tax year.

Pension and tax allowances for 2024/25 are subject to change between now and the end of the current tax year, so it's important to consider the implications any changes may have on your personal circumstances.

Your bonus waiver will be invested as per your existing regular payroll contributions.

2. Waiver declaration

I understand that by signing this, I'm choosing to give up any right to some, or all, of a bonus in the 2024/25 tax year. Unless otherwise provided for, the value and form of an award is entirely at the discretion of my employer. As an existing member of the HL Workplace pension, I've previously read, agreed to and retained the Terms and Conditions, the Important Investment Notes and Key Features of the HL Workplace pension and my chosen investment as well as all costs and charges and, where available, the Key (Investor) Information Document provided to me on paper or via www.hl.co.uk. If I'm not yet a member, I understand these documents will be provided prior to joining. I take full responsibility for the suitability of this decision for my personal circumstances.

I haven't been provided with any personal financial advice or recommendations from Hargreaves Lansdown or my employer regarding the suitability of this plan or my bonus waiver. I understand I won't receive any ongoing advice unless specifically requested and documented. If I need advice, I'll seek it separately.

Signature:

Your Employer Name:

PRINT NAME:

Date:

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National Insurance number:

If you have any questions please call the pension helpdesk on 0117 314 1795