

# BONUS WAIVER APPLICATION FORM 2024/25

HARGREAVES  
LANSDOWN

## 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:** For most people, a £60,000 contribution limit applies for the 2024/25 tax year. If you were in flexible drawdown prior to 6 April 2015, or you have made any flexible income withdrawals from a money purchase pension since 5 April 2015, contributions to money purchase plans are restricted to £10,000 - exceptions apply.

Also, your allowance may be tapered down if your 'adjusted income' is £260,000 or more. Adjusted income is broadly all taxable earnings (including sources of income outside of your employment, e.g. rental income) plus the value of employer pension contributions, including those derived from salary sacrifice and bonus waiver. Please see the [Tapered annual allowance](#) and [Annual allowance and carry forward](#) factsheets for further information. If you think you may be affected, please contact the pension helpdesk on **0117 314 1795** for more information.

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

## 2. Waiver declaration

I understand that by signing this I am 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 have 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](http://www.hl.co.uk). If I am 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 have not 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 will not receive any ongoing advice unless specifically requested and documented. If I need advice I will seek it separately.

Signature:

Your Employer Name:

PRINT NAME:

Date:

National Insurance number:

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