This Payment Schedule has been prepared in accordance with section 87 of the Pension Act 1995. The Trustees may review the schedule from time to time in consultation with the Employer.

The Employer agrees for contributions to be paid to the BCF Pension Trust (“Scheme”) on the following basis:

|  |  |
| --- | --- |
| **Due dates of contributions** | Contributions data should be submitted via the Employer Portal by the 5th of the month following deduction from pay to ensure they are paid to the Scheme by the 22nd of that month. |
| **Payment of contributions** | All contribution payments that fall due to the Scheme will be collected by the Scheme administrator by direct debit instruction. |
| **Pensionable salary** | Please confirm e.g. basic salary or all gross earnings |
| **Contribution rates** | Please confirm contribution percentage rates for Employer and Employee |
| **Criteria e.g. age** | **Employee contribution** | **Employer contribution** | **Total contribution** |
| Add extra rows as required |  |  |  |
|  |  |  |  |
| The Employer is fully responsible for ensuring that it’s auto-enrolment duties are met. |
| **Additional contributions** | The above are the minimum requirements. Both the Employer and it’s employees can pay more than the stated minimums. |

**Terms of the Payment Schedule**

The Employer should ensure both they and any party that has delegated payroll responsibility are familiar with the terms of this Schedule. The Trustees have a duty to monitor contributions due to the scheme against the Payment Schedule and report any Employer with materially late or incorrect contributions to the Pensions Regulator.

Compliance with this Payment Schedule is required for ongoing participation in the Scheme and forms part of the terms and conditions.

**Declaration**

In signing this agreement, we confirm:

We agree to comply with the provisions of the Scheme’s trust deed and rules, as amended from time to time, and to enter into such further deeds or agreements with the Scheme Trustees as they may require.

We have read, understood and agree the terms of the Payment Schedule.

To be signed by an authorised signatory or a person expressly authorised by the Employer to sign this agreement, which includes the Payment Schedule, on their behalf by:

|  |  |
| --- | --- |
| **Full name:** |  |
| **Company:** |  | **Capacity:** |  |
| **Signature:** |  | **Date:** |  |