



AXIS PENSION TRUST

EMPLOYER MANDATE ADD FORM (MASTER TRUST)

NAME OF ORGANISATION :

EMPLOYER:

TEL:

SCHEME

CEDAR PENSION SCHEME

CEDAR PROVIDENT FUND

MANDATE:

NAME

TEL

EMAIL

DESIGNATION

CATEGORY

PRIMARY SECONDARY

PRIMARY SECONDARY

SIGNATURE:

DATE:

NAME

TEL

EMAIL

DESIGNATION

CATEGORY

PRIMARY SECONDARY

PRIMARY SECONDARY

SIGNATURE:

DATE:

DECLARATION BY EXISTING SIGNATORIES

We, the undersigned, acting on behalf of the above mentioned employer, authorise Axis Pension Administration Services Ltd to make changes to our Pension Fund Account as we have indicated on this form. We certify that the instructions and information provided herein are true and correct.

DD / MM / YYYY

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..... SIGNATORY

SIGNATORY

DATE