



ISLAMIC PENSION TRUST

# The Islamic Pension Trust

Providing workplace pensions and  
auto-enrolment solutions  
for employers requiring  
a Sharia compliant  
proposition for their workers

## NEW SCHEME REQUEST FORM

Please complete and return your New Scheme Request Form to:

Carey Corporate Pensions Limited  
Lakeside House  
Shirwell Crescent  
Furzton Lake  
Milton Keynes  
MK4 1GA

1. EMPLOYER DETAILS	
Employer Name	
Company Registration Number	
Registered Office Address and Postcode	
Employer Contact Name	
Employer Contact Email Address	
Employer Telephone No Employer FAX No	
Generic Employer website address for registration with The Pensions Regulator	
2. WE REQUIRE THE FOLLOWING TO BE SET UP	
Workplace Pension Scheme <input type="checkbox"/>	
3. WE ARE SUBMITTING THE FOLLOWING <span style="float: right;">(please tick)</span>	
3.1 Fully completed New Scheme Request Form (this document)	<input type="checkbox"/>
3.2 Fully completed and signed Participation Agreement	<input type="checkbox"/>
3.4 One-time employer payment(s) BACS Details Sort Code 16-00-79 Account 11191444 <i>(please make payment when submitting this form)</i>	<input type="checkbox"/>
4. INVESTMENT FUND	
Default Investment:	<b>Praemium UK Equity Portfolio</b>
5. COSTS: PENSION SCHEME	
• <b>Establishment of Scheme</b>	<b>£350 (one-time payment no further cost to employer)</b> (Paid by the Employer)
• <b>Annual Administration and Investment Manager</b>	<b>0.50 % Plus £1.50 per member per month</b> (Paid from Members Scheme Funds)
6. SIGN TO ACCEPT COSTS (Costs accepted by Employer as noted above and in the Fee Schedule)	
Signed:	<i>(Employer Authorised Signatory)</i>
Date	

7. WORKPLACE PENSION SCHEME DETAILS	
Employer Contribution Rate <input type="text"/> %	Employee Contribution Rate <input type="text"/> % <i>(Statutory minimum applies)</i>
Contribution Schedule	<input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Other</b> <b>For other please detail:</b>
Basis of Salary	<input type="checkbox"/> <b>Basic Salary</b> <input type="checkbox"/> <b>Qualifying Earnings</b> <input type="checkbox"/> <b>Other</b> If other please clarify:
Total Number of Employees (current)	<input type="text"/>
Estimated Number of Members in Scheme	
Employer's Staging Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer PAYE Reference No	<input type="text"/>
Postponement Date (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have Employees been notified of Postponement?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Date of Expected 1 <sup>st</sup> Contribution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Is this a Salary Exchange Scheme?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
8. PAYROLL	
Payroll Provider Software	
9. TRANSFERS IN	
Transfer from Previous Scheme	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Transferring Scheme Provider <i>(if applicable)</i>	
Transferring Scheme Provider Address <i>(if applicable)</i>	

<b>10. ADVISER DETAILS (complete if applicable)</b>	
Adviser Firm	
Name of Adviser	
Adviser Firm Registration Number	
Adviser Registered Office Address and Postcode	
Adviser Telephone:	
Adviser Email:	
<b>11. CORRESPONDENCE</b>	
<b>All correspondence to be sent to the Employer with a copy to your Adviser (if applicable).</b>	
<b>12. EMPLOYER DECLARATION (IF AN ADVISER FIRM HAS BEEN APPOINTED)</b>	
The Adviser firm noted above is appointed to advise the Company with regard to their workplace pension arrangement and the associated investment strategy and authorise Carey Pensions to liaise with the Adviser on any aspect of the company pension scheme on our behalf.	
<b>Signed:</b>	<b><i>(Employer Authorised Signatory)</i></b>
<b>Date:</b>	

**IMPORTANT NOTES:**

This New Employer Scheme Request Form should be completed and submitted as soon as possible in advance of the Employer’s Staging Date, by the Employer or the Adviser on behalf of the Employer, as applicable. A minimum timescale of 6 months prior to the required Staging Date is recommended.

The pension scheme establishment fee of £350 is a one-time payment and required to be paid on submission of this form. This is non-refundable once the scheme has been accepted by Carey Pensions.

**IMPORTANT: If using this form request and not setting up online**

If the Carey Auto-enrolment System Assessment Module is required, via this request form, pre-payment for set up is required prior to handover and a template will be sent to the Employer so that the automated uploads can be configured correctly and tested prior to running the first assessment. NOTE this is an additional employer cost if required to be set up. Set up cost is £500. There is a monthly employee fee of £1 + VAT per member per month which is chargeable from the scheme start date, invoiced to the employer monthly in arrears.

The online fee for the Assessment and Communication Tool if required is also an additional employer cost, but when setting up online the monthly employer charge is £15 + VAT per month.

(Online link: [www.directautoenrolment.co.uk/referrer/CareyIPT](http://www.directautoenrolment.co.uk/referrer/CareyIPT))