



AXIS PENSION TRUST

ELECTRONIC ACCESS FORM

NAME OF COMPANY :

Electronic Services	Yes	No
Please indicate the range of electronic services you wish to use on the Axis Platform		
Emailing of statements to employees	<input type="checkbox"/>	<input type="checkbox"/>
Online access to the administration system by employer's representative	<input type="checkbox"/>	<input type="checkbox"/>
Online access to the administration system by scheme members (users will be administered by the Employer's representative)	<input type="checkbox"/>	<input type="checkbox"/>

Employer Representative - User Account Details	
(This user account is the administrator of all other user accounts in your company)	
First Name	
Last Name	
Tel No.	
Email Address	

By :

Name of Signatory _____ Signature: _____ Date _____

By :

Name of Signatory _____ Signature: _____ Date _____