

IHG International Savings and Retirement Plan

Additional voluntary contributions form

Please complete this form electronically or in blue or black ink and in CAPITAL letters, and return to the appropriate regional GPS team, contact details can be found at the end of this form.

Additional contributions can only be made through your salary.

Section 1: Personal details

Full name (including title)

Date of birth Day Month Year

Section 2: Additional voluntary contributions

a) To start making additional voluntary contributions (AVCs)

I wish to start making voluntary contribution, from my monthly salary, into a new employee policy within my retirement account:

As a percentage of benefit salary % or as a monthly amount

Effective from Month Year

b) To change existing additional voluntary contributions

I wish to change the contributions to my existing employee AVC policy.
The new total contribution or % should be:

As a percentage of benefit salary % or as a monthly amount

Effective from Month Year

c) To pay a one-off additional voluntary contribution

I wish to make a one-off contribution to my employee policy:

Currency or Amount

To be deducted from my pay in Month Year

d) To cancel existing AVCs

I wish to stop paying AVCs ☐

Effective from Month Year

Section 3: Investment Strategy

If you do not make an investment selection on this form your AVCs will automatically be invested in the same way as the employer contributions paid on your behalf. If you would like your AVCs to be invested differently, please indicate below.

- a) ☐ Please invest my AVCs in the Automatic Investment Strategy (AIS) in the following investment currency:

GBP ☐ USD ☐ EUR ☐

Selected retirement age

If you do not specify a retirement age, the default plan retirement age of 65 will apply.

- b) ☐ Other- please invest my AVCs in the following fund selection:

Please refer to the Employee Guide and Fund Centre for more information on the available funds and complete the table below with your fund choice.

Please continue on a separate page if needed, remembering to sign any additional pages used.

Fund code	Fund name	Allocation %
		Total 100%

Section 4: Declaration

Declaration

By signing below, I agree that additional voluntary contributions will be invested in accordance with the instructions and fund/s selected (if applicable) on this form, unless this instruction is superseded. I wish to make the contributions specified above to my policy in accordance with the terms and conditions of the contract. I understand that it is my responsibility to report and pay any taxes relating to my participation in the Plan.

Signature of member

Date

Day Month Year

Please return this completed form to your regional GPS team contact:

AMEA region, email: ameahrss@ihg.com or raise a ticket in MyHR and select Category - Payroll

Greater China, email: gchrss@ihg.com

Europe & USA, email: eurohrss@ihg.com or raise a ticket in MyHR and select Category - Payroll