

## IHG International Savings and Retirement Plan

## Additional voluntary contributions form

Please complete this form in blue or black ink and in CAPITAL letters, and return to the appropriate regional HR Shared Services, 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 Month Year  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  Month Year  Effective from 6
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
d) To cancel existing AVCs
I wish to stop paying AVCs
Month Year  Effective from

Section 3: In	vestment Strategy		
invested in the sa	ce an investment selection on this form you me way as the employer contributions pa nvested differently, please indicate below	aid on your behalf. If you would like	
investme GBP	vest my AVCs in the Automatic Investment currency:  USD EUR	nent Strategy (AIS) in the following	
	retirement age	mlan rativament and of CE will apply	
	not specify a retirement age, the default please invest my AVCs in the following fu		
Please refer to the	e Employee Guide, Investment Guide and unds and complete the table below with	d Fund Centre for more information	
Please continue of pages used.	on a separate page if needed, rememberi	ing to sign any additional	
Fund code	Fund name	Allocation %	
		Total 100%	
Section 4: D	eclaration		
Declaration			
accordance with this instruction is	, I agree that additional voluntary contributhe instructions and fund/s selected (if apsuperseded. I wish to make the contributince with the terms and conditions of the	pplicable) on this form, unless tions specified above to my	
Signature of me	mber	Date  Day Month Year	

## Please return this completed form to your regional HR Shared Services contact:

Asia Australasia HR Shared Services, email: ameahrss@ihg.com

Greater China HR Shared Services, email: gchrss@ihg.com

Rest of World Global HR Shared Services, email: eurohrss@ihg.com