

# GMB@ASDA

GMB

GMB@WORK

## Pension Questionnaire

**(1) At what level do you think your ASDA pension should be?**

Legal minimum

Comparable to other supermarkets

Market leading

**(2) When it comes to contributions do you think ASDA should?**

(A) Pay in less than you

(B) Match your contributions

(C) Pay in more than you

**(3) What ASDA contributes to your pension is based on your earnings. This can be based on part of, or all your earnings. Do you want ASDA's contribution to be..**

(A) Based on all of your pay (the most money from ASDA going in to the scheme)

(B) Based on less than all of your pay (less money from ASDA going in to the scheme)

**(4) Do you think death in service payments should be?**

(A) Harmonised up to 4x salary

(B) Harmonised down to 1x salary

**(5) With ASDA's proposal to offer the legal minimum contribution levels in to your pension, which of the following statements best reflect your attitude to retirement?**

(A) I am worried I will not have enough pension to ever afford to retire

(B) I am worried about the quality of life I will have in retirement

(C) I believe that the ASDA pension will give me enough income in retirement

### About You

Name:..... Email:.....

Store name/Depot:..... Job title:.....

GMB Member?  Yes  No , GMB Membership number:.....

If not a member join overleaf. If you're already a member, would you be interested in becoming a workplace rep?  Yes  No

**Please return to your GMB rep or to the Freepost address overleaf.**

# GMB – EXPERTS IN THE WORLD OF WORK

It can be as simple as a new manager, or a new way of working that causes you a problem at work. Guard against that day by joining GMB now. GMB membership covers you wherever you work. Only GMB members get GMB help.

IF YOU WORK YOU NEED GMB@WORK

# GMB

## GMB@WORK

## Join now at [www.gmb.org.uk/join](http://www.gmb.org.uk/join) or fill in the form below

Then hand the form to your local GMB representative – or fold and seal it and put it in the post (**you do not need a stamp**) – or simply write FREEPOST GMB on an envelope and post it – you don't need a stamp or any other address details. If you have any questions contact GMB: email [info@gmb.org.uk](mailto:info@gmb.org.uk) or visit our website [www.gmb.org.uk](http://www.gmb.org.uk)

FOR GMB USE ONLY	Section <input type="text"/>	Branch number <input type="text"/>	Membership number <input type="text"/>	Date of joining <input type="text"/>
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## GMB membership application form **PLEASE USE BLOCK CAPITALS**

### 1 TELL US ABOUT YOU

Surname <input type="text"/>	First name <input type="text"/>	Title Mrs/Miss/Ms/Mr <input type="text"/>	Date of birth <input type="text"/>
Home address <input type="text"/>	Home phone number <input type="text"/>	Mobile number <input type="text"/>	Postcode <input type="text"/>
We ask for your ethnic origins as part of our equal opportunities policy of improving services to all members Bangladeshi <input type="checkbox"/> / Black African <input type="checkbox"/> / Black Caribbean <input type="checkbox"/> / Black British <input type="checkbox"/> / Chinese <input type="checkbox"/> / Indian <input type="checkbox"/> / Irish <input type="checkbox"/> / Pakistani <input type="checkbox"/> / White <input type="checkbox"/> / Other: <input type="text"/>			Tick here if you do not wish to contribute to the GMB collective affiliation to the Labour Party <input type="checkbox"/>
National Insurance number <input type="text"/>	I agree to abide by GMB rules Signed <input checked="" type="checkbox"/>	Date <input type="text"/>	

### 2 TELL US ABOUT YOUR JOB

Employer <input type="text"/>	Your job <input type="text"/>
Address where you work <input type="text"/>	How many hours a week do you work? <input type="text"/>
Postcode <input type="text"/>	Pay number <input type="text"/>
I give my employer permission to notify GMB of any future change of address <input checked="" type="checkbox"/>	
I authorise my employer to pass my bank details on to GMB to activate my union membership – Signed <input checked="" type="checkbox"/>	

### 3 PLEASE SELECT WHEN YOU WOULD LIKE THE DIRECT DEBIT TO BE DEDUCTED FROM YOUR ACCOUNT

If you are paid monthly	<input type="checkbox"/> 1st day of the month*	<input type="checkbox"/> 8th day of the month*	<input type="checkbox"/> 16th day of the month*	<input type="checkbox"/> 23rd day of the month*	<input type="checkbox"/> Last day of the month*	* or next working day
OR if you are paid 4 weekly	<input type="checkbox"/> 1st Friday	<input type="checkbox"/> 2nd Friday	<input type="checkbox"/> 3rd Friday	<input type="checkbox"/> 4th Friday		

### 4 INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the form below and send to: GMB, 22 Stephenson Way, LONDON NW1 2HD

Service User Number

Name and full postal address of your Bank or Building Society branch

To the Manager of <input type="text"/>	Bank/Building Society <input type="text"/>
Address <input type="text"/>	
Postcode <input type="text"/>	

Name(s) of account holder(s)

<input type="text"/>
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Bank/Building Society account number

<input type="text"/>
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Bank/Building Society Sort Code

<input type="text"/>
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Banks or Building Societies may not accept Direct Debit instructions for some types of account

**Instructions to your Bank or Building Society:** Please pay GMB Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

<input checked="" type="checkbox"/>	Date <input type="text"/>
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For GMB official use only. This is not part of the instruction to your Bank/Building Society. If your A/C number is not available fill in your address below.

<input type="text"/>
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Reference number (GMB use only)

<input type="text"/>
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