



OPT-OUT FORM

This form should only be completed if you have been auto enrolled into your employer's group pension plan and you want to opt out. Your employer will let you know when you can opt out and how long you have to complete the form. Once completed you should return the form to your employer.

Please use **BLOCK CAPITALS** when completing this form.

Name of your employer

Your details

Title

Mr Mrs Miss Ms Other (please specify)

Forename(s)

Surname

Date of birth

or

National Insurance number

What you need to know

Before making your decision, you should know that:

- You'll miss out on regular contributions from your employer and the taxman.
- Your employer can't ask or force you to opt out. If you've been asked or forced to opt out, you can tell The Pensions Regulator by visiting www.thepensionsregulator.gov.uk.
- If you change your mind, you may be able to opt back in. You should speak to your employer if you want to do this.
- If you opt out, your employer will normally put you back into the plan roughly every three years.
- If you change your job, your new employer will normally enrol you into a plan straight away.
- If you have another job, your employer might also enrol you into a plan, now or in the future. This notice only allows you to opt out of saving with the employer named on this form. If you want to opt out with any other employer, you'll need to complete a separate notice for that plan.

Your declaration

Before you opt out, please read the following statements carefully.

- I want to opt out of saving with my employer.
- I understand that if I opt out I will lose the right to contributions from my employer.
- I understand that if I opt out I may have a lower income when I retire.

Signature

Date

The completed form must be returned to your employer.



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