



Stop Payments To the Employer

If you are within 30 days of being enrolled in to the Trust and do not wish to remain in your workplace pension, please complete the 'Opt-Out Form', available online.

Your details

Surname	Employer
First Name	Employee Number
Date of Birth	National Insurance Number

Stopping pension payments

Tick here to stop pension payments

I confirm my understanding and agreement that:

- this notice will take effect at the end of the month following the next payroll cut-off date after receipt of this form by my HR Department. From that date my pension savings will cease and my employer will stop their payments into the Trust.
- I may not be allowed to rejoin the Trust and resume payments at any date in the future unless the Employer and the Trustee agree.

Sign

Signature:	Date
------------	------

PLEASE RETURN THIS TO YOUR EMPLOYER
To be completed by the employer

Date of stopping
payments:

Date of leaving
the employer (if
applicable):

Authorised Signatory:

Date: