

OPT-OUT FORM FOR GROUP PENSION SCHEME

IF YOU WANT TO OPT OUT OF PENSION SAVING WITH YOUR EMPLOYER'S GROUP PENSION SCHEME,
FILL IN THIS FORM AND GIVE IT TO YOUR EMPLOYER.

Name of Employee (please print)

the "Applicant"

Name of Employer

the "Employer"

National Insurance Number

Date of Birth (DD MM YYYY)

WHAT YOU NEED TO KNOW

- Your employer cannot ask you or force you to opt out.
- If you are asked or forced to opt out, you can tell the Pensions Regulator – see www.tpr.gov.uk
- If you change your mind, you may be able to opt back in – write to your employer if you want to do this.
- If you stay opted out, your employer will normally try to put you back into pension saving with this scheme every three years as long as you are eligible.
- If you change your job, your new employer will normally put you into pension saving with their scheme straight away unless you opt out of it.
- If you have another job, your other employer might also try to put you into pension saving with their scheme, now or in the future.

This notice allows you to opt out of pension saving with the above employer's pension scheme only. A separate notice must be filled out and given to any other employer you work for, if you wish to opt out of that employer's scheme as well.

DECLARATION

1. I wish to opt out of pension saving with the above employer's group pension scheme.
2. I understand that by opting out I lose the right to pension contributions from my employer.
3. I understand that by opting out I may have less to support me financially in retirement.

Signature of Person Opting Out

Date (DD MM YYYY)

Scottish Widows Limited. Registered in England and Wales No. 3196171. Registered office in the United Kingdom at 25 Gresham Street, London EC2V 7HN.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 181655.

53200 11/16