

## Opt-Out Form

You should use this form if you do not wish to remain a member of the pension scheme.

**Personal Details** (Please complete in BLOCK CAPITALS and black ink only)

Forename(s)	
Surname	
Title	
National Insurance Number	
Date of Birth (dd/mm/yyyy)	
Address (line 1)	
Address (line 2)	
Town	
County	
Postcode	
Employer	
Employee Payroll Number	
Job Title	

I understand that:

- When this form is received by my Employer's HR / Payroll department I will be taken out of the Pension Scheme from the next available pay date.
- If applicable, I may only receive a refund of my pension contributions if I have contributed to the scheme for LESS than 2 years.
- I also understand that if I opt back in to the pension scheme at a later date I will not have the option to combine my deferred pension with my new scheme membership.

**By opting out of the Local Government Pension Scheme I understand that I will no longer benefit from:**

- |  |  |
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| <ul style="list-style-type: none"> <li>• A secure career average revalued earnings pension scheme</li> <li>• Retirement benefits that keep pace with cost of living increases</li> </ul> | <ul style="list-style-type: none"> <li>• Contributions towards my retirement paid by my employer</li> <li>• Family benefits e.g. Death in service grant of 3 x my annual salary</li> </ul> |
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Signed	Date
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Please send the completed form to your Employer's HR/Payroll department. Please note that any opt-out form that has been completed prior to commencement of your employment cannot be accepted.