OPT OUT FORM

This form is the notice to **opt out** of pension saving in the Usdaw Staff Superannuation Fund (the Fund). Once complete, please return this form to the Secretary of the Staff Superannuation Fund at Head Office.

Please complete the following using **BLOCK CAPITALS**:

1. YOUR DETAILS		
Titl	le: Surname:	
Fir	st Name(s):	
Na	ational Insurance Number <i>or</i> Date of Birth:	
Jol	b Title & HO Department / Office Base:	
2.	WHAT YOU NEED TO KNOW	
0	Usdaw cannot ask you or force you to opt out.	
0	If you are asked or forced to opt out, you can tell the Pensions Regulator - see	
	www.thepensionsregulator.gov.uk.	
0	If you change your mind, you may be able to opt back in - please write to the Secretary of the Staff	
	Superannuation Fund at Head Office if you would like to do this.	
0	If you stay opted out, Usdaw will normally put you back into a pension saving arrangement in around 3 years	
	in line with the Government Auto-Enrolment programme.	
0	If you change job, your new employer will normally put you into a pension saving arrangement straight away	
0	If you have another job, your other employer might also put you into pension saving, now or in the future. The	
	notice only opts you out of pension saving with Usdaw. A separate notice must be filled out and given to any	
	other employer you work for if you wish to opt out of that pension saving as well.	
Pr	ivacy Policy	
А	copy of our privacy policy can be found on our Fund member website: usdaw.firstactuarial.net/members.	
3.	OPT-OUT	
	I wish to opt out of pension saving in the Usdaw Staff Superannuation Fund (please tick)	
0	I understand that if I opt out I will lose the right to pension contributions from the Union.	
0	I understand that if I opt out I may have a lower income when I retire.	
Siç	gnature: Date:	