

PENSION OPT-OUT ELECTION FORM

Employer Name: _____ Employee ID: _____

Employee Information:

Full Name: _____

National Insurance Number: _____

Date of Birth: _____

Job Title: _____

Pension Scheme Details:

Scheme Name: _____

Scheme Provider: _____

Scheme Reference Number: _____

Declaration and Election to Opt-Out

I confirm that I have received information about the pension scheme and understand my rights in relation to automatic enrolment. I hereby elect to opt out of the employer's pension scheme. I understand that by opting out, I will not benefit from employer pension contributions and that I may rejoin the scheme at a later date subject to the scheme rules and relevant legislation.

Employee Signature: _____ **Date:** _____

Employer Declaration

I confirm that the employee named above has been provided with the relevant information regarding the pension scheme and their right to opt out. I acknowledge receipt of this opt-out election form.

Employer Representative Signature: _____ **Date:** _____

Important Notes

1. This form is governed by the laws of the United Kingdom and is legally binding.
2. Opting out means you will not receive employer contributions to a pension scheme.
3. You may rejoin the pension scheme at a later date in accordance with scheme rules.
4. Employer and employee details must be completed accurately.
5. Signing this form confirms your understanding and agreement to the terms above.

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

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