

## **Opt Out Form** - Please return your completed form to your relevant HR/Payroll contact.

| Part A          | Employer Details       |
|-----------------|------------------------|
|                 |                        |
| Scheme Name:    | The Atlas Master Trust |
|                 |                        |
| Employer Name:  |                        |
|                 |                        |
| Part B          | Member Details         |
|                 |                        |
| Full Name:      |                        |
|                 |                        |
| NI Number:      | Date of Birth:         |
|                 |                        |
| Payroll Number: |                        |
|                 |                        |
| Part C          | 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 (www.thepensionsregulator.gov.uk)
- If you change your mind you may be able to opt back in tell your employer if you want to do this
- If you stay opted out, your employer will normally put you back into pension saving in around 3 years
- If you change job, your new employer will normally put you back into pension saving straight away
- If you have another job your other employer might also put you into pension saving, now or in the future
- This opt out notice only opts you out of pension saving with the employer named above
- 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
- Your opt out will be effective from the following month's payroll, unless it is received by the 5<sup>th</sup> of the month, in which case it will be effective that month

## Part D

## Declaration

By signing below I agree to the following:

- I confirm that I have read and understood all of the above points in Part C 'What You Need To Know'
- I understand that if I opt out I will lose the right to pension contributions from my employer
- I wish to opt out of pension saving
- I confirm that as the job holder, I have personally submitted this opt out notice

| Signed: | Date: |  |
|---------|-------|--|
|         |       |  |