

MEMBERSHIP OPT-OUT FORM



PERSONAL DETAILS (Please complete in BLOCK CAPITALS)

Full name _____

Company location _____

NI number _____

Personnel number _____

Employing company _____

Phone/email _____

YOUR ELECTION TO OPT OUT

To: The Trustees of Leonardo FuturePlanner

I give notice that I wish to opt out of FuturePlanner.

Please note the effective date of the opt out is subject to payroll processing deadlines.

1. I understand that membership of FuturePlanner is not a compulsory part of my employment and that I can opt out at any time, having given at least one month's written notice to the Trustees.
2. I understand that from the date of my opt-out:
 - I will lose the benefit of Leonardo's contributions towards the cost of my pension provision. Leonardo will not make any contributions to any other pension arrangement for me.
 - I will cease making contributions to FuturePlanner.
 - I will lose the lump sum protection provided by FuturePlanner to my family in the event of my death (you are strongly advised to inform your spouse/dependants of your decision to opt out of FuturePlanner).
 - I will lose the Income Protection cover provided by FuturePlanner.
3. I understand that I may apply to the Trustees to rejoin FuturePlanner and that my re-admission will be subject to the approval of Leonardo. Evidence of my health may be required and certain benefits may be restricted.
4. I understand that I will be auto-enrolled, from time to time, back into FuturePlanner as required by statutory legislation.

Signature

Date

To help us develop our pension arrangements, please tell us why you've chosen to opt out.

I will start saving later in my career

I'm saving into another pension plan

I've already saved enough into pensions

Other (please state) _____

Please return this form to:

Leonardo FuturePlanner, XPS Administration, PO Box 562, Middlesbrough, TS1 9JA

FuturePlanner Hotline: 0118 467 5900

FuturePlanner Mailbox: FuturePlanner@xpsgroup.com