

THE ALVIS PENSION SCHEME

ELECTION TO OPT OUT OF THE PENSION SCHEME

Surname (*Mr/Mrs/Miss/Ms):

Forenames:

Employee Number:

National Insurance Number:

Date of Birth:

Marital Status: *Single/Married/Divorced/Separated/Widowed/Other

Home Address:
.....
.....

I hereby notify the Trustees of the Alvis Pension Scheme that I wish to exercise my statutory right to opt out of the Scheme. I confirm that I have had the opportunity to discuss my decision with a representative of the Trustees and I understand the consequences of my decision. These are:-

1. That a death in service benefit will NOT be payable in the event of my death.
2. That the ill-health benefits will not apply.
3. That I will not normally be allowed to join the Scheme at a later date except at the Trustees' and Company's discretion.
4. That I will cease to accrue retirement benefits under the Scheme with effect from
5. The Company will not pay any contribution direct to any Personal Pension policy I may effect.

Member's Signature: **Date:**

Spouse's Signature: **Date:**

* Delete as appropriate

When completed, please return the form to Alvis Pension Scheme, Aon Consulting, Netherton House, 25 Marsh Street, Bristol BS1 4AQ