

## Leaving the Plan – opt out form

Sorry to hear that you're thinking about leaving us.

If you're sure you want to leave the Plan while still employed by the Group, please fill out your details below.

### Don't forget!

Only fill out this form if you haven't been automatically enrolled into the Plan, or if you were automatically enrolled into the plan more than 30 days ago.

If you want to opt out within 30 days of being automatically enrolled, you should do this online or by calling the Plan Administrator. There are more details about what you need to do on the website (<http://www.morgansindall-pensions.co.uk/grow/leaving>).

### Stay fit for the future!

There are lots of reasons to stay in the Plan.

The Plan is a really great way to make sure you keep building up your savings for your future. By opting out you'll no longer be saving towards your retirement, and you'll also be missing out on other benefits, such as contributions from your employer.

**Remember:** Neither the Trustee, your employers nor the Plan advisers can offer you financial advice. If you need advice, you can get in touch with an Independent Financial Adviser (IFA). You can find an IFA local to you using [www.unbiased.co.uk](http://www.unbiased.co.uk). Don't forget that you may be charged for their advice.

## 1 Your personal details (please use capital letters)

Full name:

NI Number:

Employee ID:

## 2 Your declaration

If you're sure that you wish to opt out of the Plan, you'll need to read and agree with the below:

- I've carefully considered this decision and wish to opt out of the Plan.
- I've read and understand the information on the website ([www.morgansindall-pensions.co.uk](http://www.morgansindall-pensions.co.uk)).
- I know I'll lose the right to pension contributions from my employer if I opt out.
- I understand that if I opt out I may have a lower income when I retire.
- I realise that it's my responsibility to make other arrangements to save towards my future.
- My membership will end after the next available payroll run.
- I know that I can re-join the Plan at any time, as long as I'm still an employee of the Group.
- I may be automatically enrolled back into the Plan in the future, if I meet certain criteria, and my employer will write to me before this happens.
- I'm personally submitting this form to opt out of the Plan.

Signed:

Date:

**PLEASE RETURN YOUR SIGNED AND COMPLETED FORM TO YOUR PAYROLL DEPARTMENT**

**TO BE COMPLETED BY THE COMPANY**

Date received by payroll: