

**Please complete this form if you wish to opt out of the BRSS section of the Babcock International Group Pension Scheme (the Scheme).**

If you decide to opt out of the Scheme you will lose your entitlement to valuable benefits, including contributions from Babcock to your pension and life assurance. It's therefore important to think very carefully about the consequences of opting out and you may wish to take independent financial advice before making your decision.

You have a period of one calendar month from the date your confirmation of membership letter is issued to complete and return this form. This is known as the 'one month opt-out period'.

Providing your local HR representative receives a completed copy of this form **within** this timeframe, your membership will stop and your contributions will be refunded.

If your form is received **after** the one month opt-out period, your contributions will stop but contributions already made will remain invested in the Scheme until you retire or transfer your pension savings to another suitable pension arrangement. You will not receive a refund of any contributions made.

In some circumstances (if you've opted into the Scheme) you may not have the right to opt out during the one month opt-out period and receive a refund of your contributions. You will be notified if this applies to you. If it does, you will still have the option to opt out of the Scheme. Your contributions will stop but contributions already made will remain invested in the Scheme until you retire or transfer your pension savings to another suitable pension arrangement. You will not receive a refund of any contributions made.

**Please complete the following in BLOCK CAPITALS:**

**Your details**

Title  Surname

Forename(s)

National Insurance No.  Date of Birth

Your employer

**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 report the matter to The Pensions Regulator – see [www.tpr.gov.uk](http://www.tpr.gov.uk)
- If you change your mind, you may be able to opt back into the Scheme at a later date. You should contact your local HR representative for further information.
- If you stay opted out and meet the eligibility criteria for automatic enrolment, Babcock will re-enrol you into the Scheme at least every three years.
- If you leave the employment of Babcock, your new employer will normally put you back into a pension saving scheme straight away.
- If you have another job, your other employer might also put you into a pension saving scheme now or in the future. This notice only allows you to opt out of pension saving with Babcock. A separate notice must be filled out and given to any other employer you work for, if you wish to opt out of that employer's pension saving scheme as well.

### Your declaration

Please read the following declaration and sign below:

- I wish to opt out of the Scheme.
- I understand that if I opt out I will lose the right to contributions from Babcock.
- I understand that if I opt out I may have a lower income when I retire.
- I understand that I will lose life assurance cover through the Scheme.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please sign and return this form to your local HR representative. Failure to provide all of the above information in a legible format may result in your opt-out request being either delayed or invalid.

**Please send this completed form to your local HR representative.**

\*If you are opting out so you do not breach the Annual Allowance or Lifetime Allowance limit you will continue to be covered for the death in service lump sum.

Reason for opting out (please tick appropriate box):

No longer wish to be part of the Scheme	<input type="checkbox"/>
For Annual Allowance purposes	<input type="checkbox"/>
For Lifetime Allowance purposes	<input type="checkbox"/>

### For HR use only

Employee status on opting out	Eligible job holder <input type="checkbox"/>	Non-eligible job holder <input type="checkbox"/>	Entitled worker <input type="checkbox"/>
Date 'one month opt-out period' closes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date opt-out notice received by HR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check valid opt-out notice received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date invalid opt-out notice returned to employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date opt-out notified to payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>