

Babcock International Group Pension Scheme | Babcock Retirement Savings Scheme (BRSS)

Salary Sacrifice opt-out form

Please complete this form if you do not wish to make contributions to the BRSS section of the Babcock International Group Pension Scheme (the Scheme) via Salary Sacrifice.

Salary Sacrifice is a more efficient way of making contributions to the Scheme and you can find out more in the 'My guide to Salary Sacrifice' available from the Document library in the BRSS area of the Scheme website at **www.myoneday.co.uk**

Salary Sacrifice has been designed so that the majority of members of the Scheme will benefit by making contributions this way. However, should you wish to, you can opt out of Salary Sacrifice in the following circumstances:

- Before you are automatically enrolled or opt-into the Scheme.
- If you are automatically enrolled: within one month of the date your 'confirmation of membership' letter is issued.
- If you are a member of the Scheme:
 - Annually on 1 April; or
 - Anytime during the year if you experience a 'lifestyle event', for example:
 - Divorce
 - Separation
 - Adoption
 - Maternity leave
 - Change from full time to part time working or change in terms and conditions of employment that reduces your basic salary.

Please complete the following in BLOCK CAPITALS:

Title	Mr/Mrs/Miss/Ms/Other (please state)	Surname
Forena	nme(s)	
Date o	of Birth D D M M Y Y National Insurance	e No.

Your declaration

I confirm that I have read the 'My guide to Salary Sacrifice' and wish to opt out of Salary Sacrifice. By opting out:

- I understand that I will continue to participate and build up benefits in the Scheme and my contributions will be deducted from my salary in the normal way. I also understand that Babcock will continue to make contributions.
- I understand that I will not benefit from National Insurance contribution savings.
- I understand that I cannot change this decision and will only be able to opt back into Salary Sacrifice at 1 April each year.
- If the change is not being made at 1 April, I confirm that I have experienced a lifestyle event.
- I understand that by opting out of Salary Sacrifice I am agreeing to a change to my terms and conditions of employment. I understand that no other benefits or terms of my employment will change on account of completing this form.

Signature	Date	D	D	М	М	Υ	Υ

Please sign and return this form to your local HR representative.