



# The Options Workplace Pension Trust

## Automatic Enrolment - Opt Out Request

### YOUR REQUEST TO OPT OUT

(Only valid if completed and returned to your Employer during your 30 day opt-out period)

Please only complete this form if you want to opt out of pension saving within your 30 day opt-out period.

Under automatic enrolment regulations you are able to opt out of pension saving. This request form can be used if you decide you don't want to remain a member of your Employer's pension scheme and you are within the timeframe to opt out.

Full Name of Member	<input type="text"/>
National Insurance No	<input type="text"/>
Date of Birth	<input type="text"/>
Member Number	<input type="text"/>
Employer Name	<input type="text"/>

### 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 tell 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 in, please contact your Employer if you want to do this.
- If you stay opted out, your Employer must re-enrol you every 3 years and you will need to opt out again at this time.
- If you change your job, your new Employer will normally put you back into pension saving straight away.
- If you have another job, your other Employer might also put you into pension saving, now or in the future. The notice only allows you to opt out of pension saving with the Employer you name in the notice. 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 as well.

I have read and understood the above and I can confirm the following:

- I wish to opt out of pension saving with the Employer named in this request form.
- I understand that if I opt out I will lose the right to pension contributions from my Employer.
- I understand that if I opt out I may have a lower income when I retire.

I am declaring my intention to opt out of the workplace pension.

Member's Signature

Date

Upon completion this form must be returned to your Employer within your 30 day opt-out period.



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FOR MORE INFORMATION PLEASE CONTACT  
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