

# Auto-enrolment opt-out notice



www.btpensions.co.uk

csu@rpm.co.uk

0800 012 1117

PO Box 300, Darlington, DL3 6YJ

Please complete this form using black ink and capital letters if you have been auto-enrolled and want to opt out of pension saving, and ensure you sign it before returning.

## Your details

Your title (Mr/Mrs/Miss/Other):

Your first name:

Your surname:

Your member reference:

Your date of birth:  /  /

Your address:

Postcode:

Employer name:

## 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 – write to your employer if you want to do this.
- If you stay opted out, your employer will normally put you back into pension saving in around three years.
- 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. This notice only allows you to opt out of pension saving with the employer named above. 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.

## Declaration

I confirm that:

- I wish to opt out of pension saving.
- 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.

Member  
Signature:

Date signed:  /  /

**NOW PLEASE SEND THIS FORM TO YOUR PERSONNEL/PAYROLL OFFICE**

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## Personnel/payroll office use only

Employer name:

Employer address:

  
  
  

Postcode:

Date form received:

 /  / 

I confirm I have validated this form and:

- It was received in the 'one month' opt-out period
- Where yes, I have arranged to refund the workers contributions.
- I have retained a copy of this form for the employer's record.

Yes

No

Employer  
Signature:

Date signed:

 /  / 

For further guidance relating to the validation of this form, please see the Employers Guide.