



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

**NOTICE OF INTENTION TO OPT-OUT
OF THE ITB PENSION FUNDS - DB SECTION
("THE SCHEME")**

HOW TO COMPLETE THIS FORM

This form cannot be completed and submitted online. Please print form, complete and pass to your Employer (HR or Payroll Department).

WITH EFFECT FROM _____ (THE EFFECTIVE DATE), I WISH TO WITHDRAW FROM THE SCHEME AND IN SO DOING UNDERSTAND THAT:

- I WILL CEASE TO PAY CONTRIBUTIONS TO THE SCHEME
- I WILL CEASE TO BE CONTRACTED-OUT OF THE STATE SECOND PENSION (S2P) AND UNDERSTAND I WILL PAY FULL RATE NATIONAL INSURANCE CONTRIBUTIONS.
- I WILL CEASE TO ACCRUE FUTURE PENSION BENEFITS IN THE SCHEME
- I WILL NO LONGER BE COVERED FOR ANY DEATH-IN-SERVICE LUMP SUM FROM THE SCHEME
- I WILL BE ENTITLED TO THE BENEFITS FROM THE SCHEME AS DESCRIBED WITHIN THE "LEAVING THE SCHEME" SECTION OF THE MEMBER BOOKLET (AVAILABLE FROM WWW.ITB-ONLINE.CO.UK)
- I MAY NOT BE ABLE TO REJOIN THE SCHEME AT A LATER DATE

NAME:

NATIONAL INSURANCE NO.:

DATE OF BIRTH:

EMPLOYER:

I also acknowledge that the *Trustees* may process data which relates to me during the course of my membership of the *Scheme* in order to carry out their functions as *Trustees* of the *Scheme*. I agree that the *Trustees* may record and hold such data and make it available to third parties in the ordinary course of those functions. I understand that the *Trustees* and any such third party will comply with the underlying principles of the Data Protection Act 1998.

Signed: **Date:**

Note to Employer:

Once completed please forward this form to The ITB Pension Funds Office with a duly completed Leaver's Form.