



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.

DISCLAIMER LETTER

HOW TO COMPLETE THIS FORM

Employer to pass to new employee to complete and return to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ.

To: The Trustees of the ITB Pension Fund ("The Pension Fund")

I hereby give notice that I do not wish to join The Pension Fund and that I understand that by not doing so I will not be eligible to receive benefits under The Pension Fund.

Note

By not joining The Pension Fund the benefits being waived include:

- Lump Sum death benefit in the event of death in service
- Spouse's and children's benefits on death
- Pension payable for life of 1/60 x years and days of service x earnings at retirement
- Ill-health/disability retirement benefits

I fully understand that in not joining the Scheme now I shall only have further opportunity to apply to join the Scheme at the discretion of my Employer and the Trustees.

FULL NAME: **(BLOCK CAPITALS)**

NATIONAL INSURANCE NUMBER:

DATE OF BIRTH:

PARTICIPATING EMPLOYER:

POSITION:

Data Protection:

I acknowledge that the Trustees, their advisers and administrators may process data which relates to me during the course of my membership of the Scheme in order to carry out their respective functions as Trustees, advisers and administrators of the Scheme. I agree that the Trustees, the advisers and administrators may record and hold such data and make it available to third parties in the ordinary course of these 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:**