

AMG UK ROTHERHAM SITE

AMG UK Group 2006 Pension Plan MRA ("the Plan")

Opt Out Form

Reg No: AMGS/PR/002 Sheet: 1 of 1

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Date: 02/01/2018 Authorised: Payroll Manager

Surname:			
First Name(s):			
National Insurance Number:			
Home Address:			
To the Trustees of the AMG UK Group 2006 Pension Plan			
I confirm that I wish to withdraw from the above Plan with effect from*: $__/__/___$			
* Please note that you must give at least 3 months written notice of your withdrawal or such other period as agreed with the Employer and Trustees.			
I note that my benefits upon leaving the Plan will be in accordance with the Trust Deed and Rules as explained in the Pension Scheme Explanatory Literature.			
I also note that if I opt out that I agree to my Death In Service benefit cover reducing to one			
times my salary. Should I wish to re-join the Plan at a future date I understand that it will be with the consent of			
the Company, and at the discretion of the Trustees, and on such terms as are advised to me at the time.			
Signed Date			
Name (Block Capitals):			
Do you have a spouse or civil part			
Signature of Spouse/Civil Partner Date Date			
Name (Block Capitals):			

Please return this form to the Payroll Department

	Trustee	Company
Request Accepted:	No / Yes	No / Yes
Date of withdrawal:		
Signed:		
Name (Capitals):		
Date:		