
University of Aberdeen Superannuation & Life Assurance Scheme (UASLAS)

Notice to opt out of pension saving within the first 3 months

This form is the notice for withdrawal from UASLAS whilst remaining in pensionable employment at University of Aberdeen.

If you want to opt out of pension saving, fill in this form and forward to Pensions Office, Room 54 University Office, King's College, Aberdeen, AB24 3FX

Please complete the form using BLOCK CAPITALS

Member Details

Employee Name:

Employee ID Number: National Insurance Number:

Date of Birth:

What you need to know

1. Your employer cannot ask you or force you to opt out.
2. If you are asked or forced to opt out, you can tell The Pensions Regulator – see <http://www.thepensionsregulator.co.uk>
3. If you change your mind you may be able to opt back in – write to Pensions Office at above address if you want to do this.
4. If you stay opted out your employer will normally put you back into a pension scheme in around three years.
5. If you change your job your new employer will normally put you back into pension scheme straight away.
6. If you have another job, your employer might also put you into pension scheme, now or in the future. This notice only opts you out of pension scheme with the University of Aberdeen. A separate notice must be completed and given to any other employer you work for if you wish to opt out of that pension saving as well.

Main reason for opting out (please only select one):

- I am already contributing to another pension scheme
- I can't afford it right now
- I don't think the scheme offers valuable benefits for me
- I do not intend to work at the University for long
- I work part time or on a variable hours contract
- I am employed on a fixed term contract
- I do not feel I have sufficient understanding of the scheme benefits

Other (please specify) _____

Declaration by member

I wish to opt out of the UASLAS pension scheme. 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 also understand that opting out may reduce the benefits available should I become incapacitated and the benefits available to my spouse/partner/dependants should I die.

Signed: Date:

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