

Opting Out of Pensionable Service

Please complete this form if, having read the appropriate literature and considered your options, you wish to opt out of active membership of the Defined Benefit Section of Prudential Staff Pension Scheme..

Full name
National Insurance number
Date of birth

Please read and confirm by signing that:

- I understand that as a result of opting out of the Defined Benefit Section of Prudential Staff Pension Scheme that:
 - No further pension benefits will build up for me or my dependants under the Defined Benefit Section of Prudential Staff Pension Scheme (which will reduce the benefits I would otherwise have received in retirement and the benefits available to my dependants on death).
 - I will cease to be covered for Ill Health Early Retirement benefits and that my dependants will no longer be covered for Death in Service benefits, except for the death benefit lump sum of 4 x salary.
 - I will be automatically enrolled into the Defined Contribution Section of Prudential Staff Pension Scheme with effect from the 1st of the month following the date of opting out from the Defined Benefit Section of the Prudential Staff Scheme.
- I confirm that I have consulted with or taken into account any dependants who may be affected by my decision.
- I confirm that I will not hold the Trustee, the Company or any third party responsible for any losses that I or my dependants may incur as a result of my decision.

I wish to opt out of the Defined Benefit Section of Prudential Staff Pension Scheme with effect from 24:00 hours on: ¹

¹Note

This must be the last day of a month. This is the last day on which you will be an active member of the Defined Benefit Section of Prudential Staff Pension Scheme. For this form to be effective for the end of a specific month, it must be received by payroll before the 10th of the following month. For example, for it to be effective on 30 September 2020, it must be received by payroll before the 5th of October.

Instructions received after the 5th will be effective from the end following month. For example, a form received on the 6th of October 2020 will be effective on 31 October 2020.

Your signature

Date (dd/mm/yy)
