



LifeSight MasterTrust AXA Section

# Opt-out Form – 2008 Section (AXA UK)

This form only applies to employees of AXA UK, AXA Services, AXA PPP Healthcare, AXA Global Healthcare, Architas and AXA Group Operations who were enrolled into the LifeSight MasterTrust AXA 2008 Section prior to 1st September 2017.

This form also applies to employees of AXA Ireland who were enrolled prior to 1st January 2018 and for employees of AXA Liabilities Managers who enrolled prior to 1st April 2019.

Please read the member guide, which is available on the pension website: [www.axa-employeebenefits.co.uk](http://www.axa-employeebenefits.co.uk)

**Please return the completed form to People Services, Human Resources Department, Bolton.**

**For AXA Ireland please return to your local Payroll Department.**

## Personal details

Please use CAPITAL LETTERS

Surname:	<input type="text"/>	First name:	<input type="text"/>
National Insurance number:	<input type="text"/>	Employee number:	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>		
Home address:	<input type="text"/>		
	<input type="text"/>	Post code:	<input type="text"/>
Employing company:	<input type="text"/>	Location:	<input type="text"/>

I wish to opt out of the LifeSight MasterTrust AXA 2008 Section with immediate effect.

By opting out, I accept that I am no longer a member for pension benefits. My only continuing benefit will be the lump sum benefit payable under the AXA UK Life Assurance Plan in the event of my death in service. This will reduce to four times pensionable salary.

I also accept that should I subsequently be opted back into the LifeSight MasterTrust (through my own choice or via the statutory auto-enrolment requirements), I will be treated as a new joiner and will be opted back into the AXA 2017 Section.

Signature: \_\_\_\_\_ Date:  /  /

**Please provide the reason(s) you have chosen to opt out of the Scheme (optional):**

## Data protection

I confirm that, in completing and signing this form, I consent to my personal data being processed by and on behalf of the Trustee of LifeSight MasterTrust, by the Scheme Administrator, the Trustee's advisers and the AXA Pensions and Payroll Departments, for the purpose of my membership of the Scheme.