

## LifeSight MasterTrust AXA Section

# **Opt-out Form - 2017 Section**

This form only applies to employees of AXA UK, AXA Services, AXA Ireland, AXA Health, AXA Global Healthcare, Architas, AXA Group Operations and AXA Liabilities Managers, who were enrolled into the LifeSight MasterTrust AXA 2017. Further information is available on the pension website: **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:		First name:	
National Insurance number:		Employee numbe	r:
Date of birth:	DD/MM/YYYY		
Home address:			
			Post code:
Employing company:		Location:	

I wish to opt out of the LifeSight MasterTrust AXA 2017 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.

If you subsequently choose to opt back into the Scheme, it is very important to note our insurer will require further information from you before they are able to increase your level of life assurance cover up from four times to ten times.

Signature:

Date:

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## 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.