

Pension Salary Sacrifice Opt Out Form

Complete this form if you **DO NOT** wish to participate in pension salary sacrifice and return the form to the Pensions Office, 4.12 Virgil Building or email it to pensions@bath.ac.uk.

Surname: NI Number: Home Address:	First Name: Department:
	Payroll Number (if known):
I am an existing/new member of the:	
Universities Superannuation Schem University of Bath Group Pension Pl	• •
and wish to opt out of salary sacrifice arrar	ngement.
members	e date of this form – existing USS and <u>all</u> UoBGPP obers (if opted out within 3 months of joining)
Please read and sign the declaration below	w.
-	JSS or UoBGPP and have read and understood the confirm that I wish to opt out of pension salary t of this:
 I will make employee pension contr gross pay – USS members; net pay (relief at source ba I will not benefit from any potentia sacrifice might otherwise achieve. 	or
Declaration by member	
Signed:	Date:
(typed signature is acceptable if the completed form email address)	m is forwarded to the Pensions Office from your University
Declaration by employer I confirm that the above named member h	as opted out of pension salary sacrifice.
Signed:	Date: