

UNITED REFORMED CHURCH FINAL SALARY SCHEME (URCFSS)

SALARY SACRIFICE ARRANGEMENT

OPT OUT NOTICE

IF YOU WANT TO OPT OUT OF SALARY SACRIFICE COMPLETE THIS FORM AND RETURN IT TO:
The Pension Fund Manager, 86 Tavistock Place, London WC1H 9RT

| Full Name (Jobholder) | |
|--------------------------------|--|
| Name of the Employer | |
| National Insurance No | |
| Date of Birth | |
| Date form completed | |
| | |
| | |
| Statements and warnings | |
| By completing this form I a | m confirming that: |
| I understand that I am | e URCFSS salary sacrifice arrangement. opting out of the salary sacrifice arrangement only, and not the simplemented from 1 October 2016. |
| I confirm that I, the jobholo | der, personally completed and submitted this notice. |
| Signature | |