Request to stop future pension contributions and leave the pension scheme

This form should only be used if you are no longer within the 30-day opt-out period following your enrolment in the Mercer Master Trust.

If you are still within the opt out period, you should use the opt out form that available at https://workplace.aviva.co.uk/mmt-evoke/.

If you wish to stop future pension contributions and leave the pension scheme, please read this form carefully, complete it in full and return it to pensions@evokeplc.com.

This form will not be processed unless it has been completed in full

Your details

Full Name: ……

Date of birth: …… Employee number: ……

Please read the following statements carefully and **tick the boxes** to confirm:

	I understand that if I stop my future pension contributions, the Company's contributions will also stop and I will be treated as a leaver from the Mercer Master Trust.
	I understand contributions that have been made to date will remain in the Mercer Master Trust and cannot be refunded to me.
	I understand stopping my future pension contributions is likely to result in me having a lower income when I retire.
	I understand that stopping pension contributions may affect life assurance benefits linked to pension scheme membership.
	I understand that my pension and life assurance benefits are important. I have either taken or considered whether I should take independent financial advice before deciding to stop future contributions.
	I confirm that I want to stop my future pension contributions.
	I understand that this change will normally take effect from the next available payroll, subject to payroll processing deadlines and administrative requirements.

- By stopping future contributions, you'll be made a leaver from the scheme. If you change your mind, you may be able to opt back in. To do this, use the Opt In / Joining form available at https://workplace.aviva.co.uk/mmt-evoke/.
- Under automatic enrolment legislation, the Company is generally required to assess and re-enrol eligible employees approximately every three years. You will be contacted if this applies to you.

Signature: …… Date: ……