



AA Plus : OPT OUT FORM

In signing this form I confirm that I do not wish to participate in AA Plus scheme and will not therefore benefit from the arrangements as outlined in the **Employee Guide to AA Plus 2009**

Surname:

First Name(s):

Employee number:

National Insurance No:

**Only return this form if you wish to opt out to
Payroll 8th Floor Fanum House Basing View
Basingstoke Hants RG21 4EA**

If you wish to opt out please return this form by 5pm 27th April 2009

I confirm that I have been provided with a copy of the:

Employee Guide to AA Plus 2009

which I have read and understood. After due consideration, I have decided that I do not wish to be part of the new AA Plus Pension arrangement.

Signed

Date:

If you have any questions or concerns please contact Payroll, 0800 587 7877, option 5