

***PENSION PLUS (SALARY SACRIFICE)
SCHEME.***

Please complete this form if you do not wish to be automatically enrolled in the Pension Plus (Salary Sacrifice) arrangement as part of your benefits within the AFB Money Purchase Scheme.

DEPARTMENT:	PAYROLL NUMBER:
YOUR NAME:	N.I. NUMBER:
YOUR ADDRESS:	

I **do not** wish to join the Pension Plus (Salary Sacrifice) arrangement as part of my benefits within the AFB Money Purchase Pension Scheme.

Signed:

Date.....