



TO BE COMPLETED BY THE EMPLOYEE

Please use this form to notify the Trustee of the Alstom Pension Scheme and the Company of your decision to opt out of the Scheme.

Personal details (PLEASE USE BLOCK CAPITALS)

National Insurance No:

Surname: Title: Sex:

First names:.....

Home address:

.....Postcode:

Employing Company:

Employment location: Pay Centre:

Date joined Company:

Date of birth:

Consequences of opting out

I understand that if I choose to opt out of the Alstom Pension scheme, I will miss out on the following:

- The opportunity of building up a retirement income.
- Protection for myself and my family in the event of my early retirement through serious ill health.
- Protection for my family in the event of my death, whether before or after retirement.
- The benefit of Company contributions – the Company will not contribute to a personal pension arrangement.
- I will not be able to re-join the Alstom Pension Scheme or join the ALSTOM Ltd Group Personal Pension Plan (GPP) in the future.

I understand that I am not permitted to take early retirement benefits from the Scheme before age 60 whilst still working for the Company. At or after age 60, I may apply to the Company to take early retirement benefits whilst still working for the Company (Flexible Retirement).

I confirm that:

I wish to opt out of the Scheme with effect from midnight on:

(The date given for ending your membership must be the last day of a calendar month. You must give notice at least one month before this date.)

Please tick as appropriate.

I am not married and have no financial dependants.

I am not married and have informed any adult dependants of my intention to decline membership. (I have outlined the consequences detailed above.)

I am married and have informed my spouse of my intention to decline membership. (I have outlined the consequences detailed above.)

Your signature Please ensure that you sign and date this form before returning it.

I understand that the Trustee of the Alstom Pension Scheme may hold personal information about me on computer and manual files. The Trustee may use this information for the Scheme's purposes, which will include calculations and paying benefits arising from me being a member of the Alstom Pension Scheme. I agree that you may give the information to other relevant organisations, including my employer, the Trustee's professional advisers, ALSTOM Ltd and their professional advisers, and the trustees and employers of other schemes if my benefits are transferred.

Signature :.....Date :.....

Please return this form to: **Alstom Employee Services (AES)**



TO BE COMPLETED BY ALSTOM EMPLOYEE SERVICES (AES)

Full name of Member:

National Ins. Number:

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I confirm that this form has been passed to Payroll with a completed APS11 form, and I have taken a copy for our records

Your signature: Date:

Your name:

Your position: Telephone:

Date form sent to Payroll:

TO BE COMPLETED BY THE PAYROLL DEPARTMENT

I confirm that:

- 1) I have amended the payroll confirming that the member is opting out
- 2) I have arranged for the original forms APS5 and APS11 to be sent to JLT Employee Benefits, taken a copy for our records and kept a record of the date the forms were sent to JLT Employee Benefits.

(Address: JLT Employee Benefits, Alstom Pension Scheme, Post Handling Centre U, St James Tower, 7 Charlotte Street, Manchester M1 4DZ)

Your signature: Date:

Your name:

Your position: Telephone:

Email address: Date forms sent to JLT:

TO BE COMPLETED BY JLT EMPLOYEE BENEFITS

I confirm that our records have been updated in line with the member’s instructions, and that I have emailed a copy of this form to Alstom Employee Services (AES) at **AES-UK@alstom.com**

Your signature: Date:

Your name: Date copy of form sent to AES:

Your position: