Cronfa Bensiwn DYFED Pension Fund

Opting Out Declaration (Notice to Opt Out of Pension Saving)

Firefighters' Pension Scheme (FPS)

Personal Details			
Title:		**Full Name:**	
Home Address:			
		Post Code:	
NI Number:		**Date of Birth:**	
Employer:			
Pay Reference No.:			
Reason for Opting Out:			

Language Preference					(Please ✓ the appropriate box to indicate your election)
As a member of the FPS, I wish to receive **ALL** future correspondence in**:**					
WELSH		**ENGLISH**		**BILINGUAL**	

Points to Consider

This form should ONLY be signed and dated **following the commencement of your employment** from which you wish to opt out of the FPS. If signed and dated before your start date, this form will become **INVALID**.
If you have more than one post with your Employer, you will be required to complete an Opting Out form for each post that you DO NOT wish to attach to the FPS.

Declaration

I declare that by opting out of the FPS, I am knowingly giving up the opportunity to participate in the scheme which would provide a guaranteed package of benefits which are backed by law, including:

- a secure annual pension
- a voluntary early retirement option
- added life cover
- a tax free cash option
- serious ill health cover
- survivor benefits

I have read the above and understand that the choices I make now are important in planning for my retirement. I understand that if I opt out I may **lose the right to pension contributions from my Fire & Rescue Service,** and I may have a lower income when I retire. **I confirm that I wish to opt out of pension saving in the post I have indicated on this form.**

Signature:		Date:	

Please return this form to your Fire & Rescue Service