

CEASE CONTRIBUTIONS FORM

AA Worksave Personal Pension Plan

Cease contributions form

IF YOU WISH TO STOP CONTRIBUTING TO THE LEGAL & GENERAL WORKSAVE PENSION PLAN AND HAVE BEEN IN THE PLAN FOR MORE THAN 30 DAYS, PLEASE COMPLETE THIS FORM.

TO BE COMPLETED BY THE EMPLOYEE — Please complete in BLOCK LETTERS.

PERSONAL DETAILS

Family Name:		Forenames (in full):	
Date of Birth:	NI Number:	Employee No:	

What you need to know:

- You understand the recommendation to take independent financial advice (at your own expense) before taking any decision to cease pension savings. You confirm that you have not received any advice from the AA or its agents on the matter.
- You understand that current legislation requires my employer to re-enrol eligible employees who are not participating in a pension at a three yearly re-enrolment anniversary.
- You will not be covered for life assurance.
- If you cease contributions, you will lose the right to contributions from your employer.
- You will not be able to re-join the Plan if you have more than 12 months continuous service.
- You will not be able to receive a refund of your contributions unless you are ceasing contributions within 30 days of joining the Plan. Your contributions will remain invested within the Plan. Alternatively, a transfer to another registered pension arrangement may be possible.
- If you are a member of the Salary Sacrifice arrangement known as AAWP Plus, your membership will automatically cease from the date you cease contributions to the Plan and your gross contractual rate of pay will be increased by the amount that the Employer contributed on your behalf (equivalent to the employee rate you would have paid had you not been a member of AAWP Plus) to the Scheme. Your National Insurance contributions will revert back to the levels as determined by HM Revenue & Customs.

By completing this form, you are consenting to the processing of any personal data held about you by the AA as Data Controllers or its Data Processors, in accordance with GDPR. The AA and Legal & General will be Data Controllers.

PART D MEMBER DECLARATION

I wish to stop contributing to the AA Worksave Pension Plan and understand that if I cease contributions, I may have a lower income when I retire.

Signature:	Date:
Name:	

Please return this form to:
AA Pensions Department, Fanum House, Basing View, Basingstoke, RG21 4EA