

AA Worksave Auto-Enrolment Plan AEPlus Opt in Form

TO BE COMPLETED IN BLOCK CAPITALS.

In signing this form I confirm that **I do wish** to participate in **AEPlus** for the AA Group Personal Pension Plan (AA GPPP) and will benefit from the arrangements as outlined in the **Employee Guide to AEPlus** for the AA GPPP.

PERSONAL DETAILS

Title	Surname	First name
Payroll number	National Insurance number	

MEMBER DECLARATION

I confirm that I have been provided with access to a copy of the **Employee Guide to AEPlus** for the AA GPPP which I have read and understood. After due consideration, I have decided that I do wish to be part of the **AEPlus** arrangement.

1. I understand that this decision will take effect from the next pay date after the receipt of this form subject to at least one pay month's notice having being given; and
2. I also understand that I may opt out of **AEPlus** in the future from the next 1st April after the receipt of an opt-out form, subject to at least one pay month's notice having been given.

Signature	Date
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If you have any questions or concerns please contact: autoenrolment@theaa.com

Copies of the **AEPlus** booklet are available in the Library section of the AA Worksave Auto-Enrolment Plan of the AA Pensions website www.aapensions.com.

Only return this form if you wish to opt in to AEPlus. Please send it to:
AA Payroll Department, Upper Ground Floor, Fanum House, Basing View, Basingstoke, Hampshire RG21 4EA