



# AEPlus

## OPT IN APPLICATION FORM

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.

Surname:

First Name(s):

Employee number:

National Insurance No:

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

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;
2. I also understand that I may opt out of **AEPlus** in the future from the next 1<sup>st</sup> April after the receipt of an opt-out form, subject to at least one pay month's notice having been given.

Signed:

Dated:

If you have any questions or concerns please contact:

[autoenrolment@theaa.com](mailto:autoenrolment@theaa.com)

Copies of the **AEPlus** booklet are available from: <http://www.mypensionline.com/aagppp>