

Application to Cease Contributions to the Selected Benefits Scheme (SBS) for Retirement Benefits

Please complete this form to cease your SBS retirement benefits contributions.

Please note that you will be unable to recommence SBS for Retirement Benefits contributions in future. It is suggested that you consider taking independent financial advice prior to ceasing contributions to SBS.

Surname Forenames

NI Number Date of Birth

Address/ contact telephone number

Declaration

I authorise my employer to cease deductions of SBS for Retirement Benefits contributions from my salary. I understand that once my contributions to SBS for Retirement Benefits cease I will be unable to recommence them.

This instruction to be effective from.....(insert date)

| | | |
|-----------|------|--|
| Signature | Date | |
|-----------|------|--|

Notes

- No new contributors are permitted to join SBS for additional retirement benefits. Once you cease contributions you will be unable to start them again.
- Please note, the Pension Administrator must receive this form before the payroll cut-off date in order for your instructions to be actioned in that month's payroll. Forms received by 5th of the month will usually be actioned in that month's payroll. Forms received after this date may not be actioned until the following payroll.
- If you cease paying SBS for Retirement Benefits you will have the option to make voluntary contributions to the Leonardo Electronics Pension Scheme via Additional Voluntary Contributions or Buy Up. More details can be found at www.lepensions.co.uk.

Take a copy of this form for your records and return the original to:

**Leonardo Electronics Pension Scheme
XPS Administration
Queen's Quay
33-35 Queen Square
Bristol, BS1 4LU**

Tel no: 0117 440 2491

We will require the original form. However, you may wish to also scan and email it to LEPS@xpsgroup.com to enable XPS to begin processing your request provided that you also send the original in the post.

You may wish to contact XPS on 0117 440 2491 to ensure your form has been received.

| Office use only | Date | Initials |
|-------------------|------|----------|
| Form processed by | | |