



You should complete this form if you want to opt out of the Unilever UK Pension Fund (the 'Fund') *outside* of the annual renewal process. The annual renewal process is a choices window that normally runs in July and August each year, with choices taking effect from the following 1 October.

By completing this opt-out form, you are opting out of active membership of the Fund. This will end your active membership of the DC Retirement Savings plan.

1. Opting out outside the annual renewal choices window

- a) Read Section 2 "What you need to know" and ensure you understand the potential consequences of not saving for your retirement with Unilever's help by reading "My declaration" on pages 2 and 3.
- b) If you have enhanced protection or fixed protection, or if you intend to apply for fixed protection 2016, please read Note 2 below.

THEN

- c) Fill in "Your details" and "My Declaration" on pages 2 and 3 of this form, then sign and date it. Once everything is completed, please return it to expertadminteam@unilever.com

Your opt-out decision will take effect once your fully completed form has been received and processed.

If you subsequently decide you want to opt back into pension savings *before* the next annual renewal process then you should contact the Expert Administration team at expertadminteam@unilever.com who can send you the forms you will need to complete to do so and can guide you through the process.

You may also want to complete a Nomination for Lump Sum Death Benefit form – particularly if you have not already completed one, or you wish to update it. A copy of this is also attached for your convenience. Once completed, please also return to expertadminteam@unilever.com.

2. What you need to know

- Any choice you have previously made in relation to additional life cover is not affected by your opt-out decision. You can change your decisions in relation to additional life cover during the next annual renewal process.
- If you stay opted out, your employer will normally be required by law to enrol you back into the Fund in around three years. If this applies to you, you will be sent separate information nearer the time.

- This form only allows you to opt out of our Fund at Unilever. A separate notice must be filled out and given to any other employer you work for, if you wish to opt out of that employer's pension saving as well.
- We cannot ask you or force you to opt out.
- If for some reason you are asked or forced to opt out, you can tell The Pensions Regulator – see [The Pensions Regulator](#)
- See the information above about what to do if you change your mind and want to opt back in to membership of the Fund.

3. Your details

Full name (please print):

National Insurance no:

Date of birth:

Employee no:

Address:

My declaration

Please tick

I wish to opt out of active pension membership of the Fund

- I have read the information in this form and I understand the consequences of opting-out.
- I understand that (unless I rejoin the Fund for a new period of membership), I will stop building up benefits in the Fund and that I (and my dependants) may have a lower income when I retire.
- I also understand that (unless I rejoin the Fund for a new period of membership) I will no longer be able to pay Extra Voluntary Contributions to the Fund]. I understand that my employer will not pay contributions to any personal pension scheme I may take out or currently already have.
- I understand that once I have opted out, I will be able re-join the Fund, but I may be required to provide medical evidence.
- I understand that my employer may have to re-enrol me as a DC member of the Fund from time to time to comply with the requirements of the auto-enrolment legislation.

- I understand the Trustees of the Fund will hold, process and transfer information on this form as required and in accordance with the Fund's Privacy Policy which can be found at <https://rsp.uukpfpensions.co.uk/privacy/index>
- I have personally submitted this form.

Signed:

Date:

In addition: If you submit this opt-out form within 30 days of being enrolled into the Fund, you will receive a refund of your contributions.

Note 1: These instructions will take effect from the first available payroll after the completed form has been received. It is important to complete the form fully and sign it. We cannot accept an incomplete or unsigned form as a valid opt-out and will return it to you for completion.

Note 2: If you have successfully applied for **Enhanced Protection** or **Fixed Protection** to protect your pension savings against the reductions in the Lifetime Allowance, we do not have to automatically enrol you in the plan. If you do not wish to lose your protection, please notify us before your start date (which you can do by completing and sending us a copy of this form dated on or after your start date of employment.) If you are enrolled into the plan, and you have not completed this form, then you would lose that protection. Also, if you intend to apply for fixed protection 2016, you should be aware that you will not be eligible for this protection if you have not opted out of the plan. **We won't know about it unless you contact us.**

For more information

If you have any questions about opting out, or you need any further information about this form please contact your People Experience Lead or Ask UNA.

If you later change your mind and want to re-join the Unilever UK Pension Fund, please contact your People Experience Lead.

EAT to complete	
Date withdrawn from UUKPF
AE Statutory opt-out
Other opt-out



Nomination form for lump sum death benefit

Non-Member (opted out of the UUKPF)

Personal Details

Name:

Title:

Date of Birth:

Marital Status:

NI Number:

Pension Record
Number:

IMPORTANT: Please read the Notes at the end of this form before completing Sections A and/or B.

Section A

To be completed in favour of one or more of your spouse, civil partner, children, grandchildren, brothers, sisters, parents or grandparents.

I hereby nominate the following person(s) to receive any lump sum death benefit, payable on my death, from the UUKPF (in the following shares):

Name 1:

Address:

Relationship to me:

Share (%)

Name 2:

Address:

Relationship to me:

Share (%)

Name 3:

Address:

Relationship to me:

Share (%)

Please continue on a separate sheet of paper if necessary.

Section B

To be completed in favour of any person, whether related to or dependent on you or not, or any body, whether incorporated or not.

I hereby express my wish that the Trustees of the UUKPF, in the exercise of their discretion, under the rules of the UUKPF, as to payment of any lump sum death benefit becoming payable on my death, shall consider the following person(s) as possible recipient(s):

Name 1:

Address:

Relationship to me:

Share (%)

Name 2:

Address:

Relationship to me: Share (%)

Name 3:

Address:

Relationship to me: Share (%)

Please continue on a separate sheet of paper if necessary.

Signature and Date

Signature: Date:

Once completed, please return this form to the Unilever Pensions Team – see details below

For More Information

If you have any queries or require any further information about this form, please call the Unilever Pensions Team on **0800 028 0051** (or **+44 (0) 1473 622 307** from overseas) between **8am** and **6pm, Monday to Friday** (UK time).

If you would like to write to the Unilever Pensions Team, the address is:

Unilever Pensions Team
Capita
P O Box 420
Darlington
DL1 9WU

Email: unileverpensionsteam@capita.co.uk

Notes

1. If you die:
 - a) While a life cover member;
 - b) While you have retirement savings under the Investing Plan or the Retirement Savings plan; or
 - c) As a member of the Final Salary plan or the Career average plan, for example, before your pension comes into payment or within five years of the date on which your pension starts; then, subject to the Rules, a lump sum benefit will be payable from the UUKPF. Any such lump sum will be payable whether you have completed this form or not.
2. By completing Section A of the form, you can nominate any one or more of the following to receive the benefit: your husband/wife, civil partner, children, grandchildren, brothers, sisters, parents and grandparents. If you want the benefit divided between two or more of these, you should indicate the percentage shares to be paid to each. The percentage shares must add up to 100 or the nomination will be void.
3. It is emphasised, that Section A of the form, may only be completed in favour of one or more of the close relations referred to in Note 2 above, and in respect of the entire benefit. If you want all or part of the benefit to go to someone other than those persons referred to in Note 2, you should not complete Section A but should indicate your wishes by completing Section B (see Notes 6 and 7).
4. If you have correctly completed Section A of the form, the Trustees will, subject to Notes 8 and 9, be bound to make the payment to the person(s) you have nominated unless he or she (or, if more than one, all of them) has or have predeceased you. If the person you have nominated dies within 28 days after the date of your death, that person will be deemed to have predeceased you.
5. If you have completed Section A of the form in favour of more than one person, and one or more of them has predeceased you, the shares of any surviving nominees will be increased accordingly. If all of the nominees predecease you, the benefit will be payable as set out in Note 6, as if you had not completed Section A.
6. If you do not complete Section A, then subject to Note 7, the benefit will be payable at the discretion of the Trustees to your legal personal representative, or to such one or more of your relatives, dependants, co-habitees and beneficiaries of your Will, as the Trustees may decide.
7. By completing Section B of the form, you can indicate to the Trustees the name of any person or body, (whether incorporated or not) whom or which you desire the Trustees, in the exercise of their discretion, to consider a possible recipient of the benefit. Such person or body may be, but need not be, a relative (including anyone who could have been named under Section A), dependant, co-habitee or beneficiary of your Will. If you have completed Section B, the Trustees will be able to exercise their discretion in accordance with your wishes, but will not be bound to do so.
8. If your circumstances change, it is your responsibility to ensure that the Trustees are made aware of your wishes by completing a new form that will supersede this one.
9. Notwithstanding Note 8, any existing nomination made by a single person under Section A will automatically be cancelled on marriage or registration of civil partnership unless specifically requested otherwise.
10. The Final salary plan, the Career Average plan, the Investing plan and the Retirement Savings plan are the names given to different benefit arrangements that are provided under the Unilever UK Pension Fund.