

BAXI GROUP PENSION SCHEME WITHDRAWAL DISCLAIMER FORM

Before completing this form, it is important that you have carefully considered your position and sought independent financial advice.

To confirm that you wish to cease your membership of the Scheme, simply complete this withdrawal form. This form should be completed and returned to the person responsible for HR at your site.

Please use **CAPITALS** when filling in your details.

1. PERSONAL DETAILS

Surname	Title	Forenames
Date of birth (dd/mm/yy)		NI Number

I hereby give notice that I wish to cease my membership of the Baxi Group Pension Scheme ("the Scheme").
By doing so, I understand that I will not be eligible to receive any further benefits under the Scheme.

By withdrawing from the Scheme the benefits being given up include:

- Company contributions towards my pension
- Lump sum death benefit in the event of death in service
- Ill-health pension (if applicable)

I fully understand that in withdrawing from the Scheme at this stage, I shall only be able to join the Defined Contribution section of the Scheme at a later date and only on such terms and conditions as the Trustees and the insurers may impose. In particular, I may have to provide evidence of good health.

Signed:

Date: