

PILKINGTON SUPERANNUATION SCHEME ('PSS')
OPTING-OUT REQUEST FORM

I, (full name in capitals) _____

Date of Birth _____ National Insurance No _____

hereby give notice to the Trustees of the Pilkington Superannuation Scheme that I wish to withdraw from Contributory Membership of the Scheme under Rule 51A on:

Opting-out date: _____ (must be on the last day of a month)

I will arrange to discontinue the deduction of Superannuation Scheme contributions from salary with my employer from the above date.

I acknowledge that, from this date, I shall be covered by the provisions of PSS Rule 51A and all benefits will be calculated accordingly.

Your attention is drawn, in particular, to the following points:

- Death in service life cover under PSS Rule 38 will cease.
- Death in service spouse/dependent pensions under PSS Rule 41 will cease.
- Ill health retirement, under PSS Rules 23 or 37, will no longer be an option available to you, in the event of a breakdown in your health.

Following the closure of the Scheme to new applicants in 2008, an employee is no longer entitled to re-apply for Contributory PSS membership under PSS Rule 51A.

Please note:

Your eligibility for 'pension make-up', in the event of redundancy, will cease on opting-out of the PSS.

Application for membership of the Aviva Group Personal Pension Policy must take place within six months of opting-out of the PSS in order to facilitate automatic participation in the associated life cover and sickness provisions.

I recognise that the Trustee and Aon Hewitt as Scheme Actuary (both Data Controllers for the purposes of applicable data protection legislation in the UK, including the EU General Data Protection Regulation) and their appointed Data Processor(s) will process (which under the regulation includes simply holding) my personal data in connection with my membership. I acknowledge that I can find further information on how my personal data is processed in the Trustee's privacy notice, which can be found by visiting the PSS website.

Member

Signature: _____ **Date:** _____

PLEASE FORWARD THE COMPLETED FORM TO YOUR HR ADMINISTRATOR IN ORDER TO CANCEL THE MONTHLY DEDUCTIONS

HR Dept: *Please provide a completed a PSS Termination form also*

HR DEPT

PENSIONS DEPT

Signed _____

Signed _____

Date _____

Date _____

HR DEPT: PLEASE RETURN THE PROCESSED FORMS TO --

PILKINGTON GROUP LIMITED, PENSIONS DEPARTMENT, EUROPEAN TECHNICAL CENTRE, HALL LANE, LATHOM, L40 5UF