

Cancellation form

NB: This form can only be used to cancel Plan contributions after the 30-day opt-out window has closed

To cancel your membership of the above pension scheme, please complete this form in BLOCK CAPITALS.

This instruction will be applied from your first pay period after this form is received.

If you work for the Trade, Commercial or eCommerce division, please return this form to the Payroll Department, Croxley Green. Scan and email to PAYROLL@howdens.com.

If you work for any other division, please return this form to the Payroll Department at Howden. Scan and email to PayrollCorpISSupply@howdens.com

Note: You can choose to reduce your contributions to a minimum of zero for a limited period and maintain the Employer contribution of 8% to your Plan rather than opting out. Please fill in a Pension Application and Amendment form if you would rather change your contribution.

Personal details

Employee number:	<input type="text"/>	Work location:	<input type="text"/>			
Title: (please tick):	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	(please specify)
Surname:	<input type="text"/>					
First names:	<input type="text"/>					
Date of birth:	<input type="text" value="DD / MM / YYYY"/>	N.I. number:	<input type="text"/>			
Home address:	<input type="text"/>					
	<input type="text"/>					
Post code:	<input type="text"/>	Tel no:	<input type="text"/>	(inc. code)		
Email:	<input type="text"/>					

Declaration**By signing this form I understand that:**

- Death in service lump sum benefits will be four times annual salary.
- Employer contributions will also cease to be paid into my policy with Standard Life.
- My Employer may have to re-enroll me into the Plan in the future to comply with Auto Enrolment legislation. I will be informed if this is the case.
- Any contributions paid by me or by my Employer will be retained in my policy with Standard Life, who will inform me of my options.
- I can elect to re-join the Plan on a voluntary basis in the future.

Signature: Date: