



Opt-out form

DB Career Average Plan and DC Investing Plan (if applicable)



You should complete this form if you want to opt out of the Unilever UK Pension Fund (the 'Fund').

By completing this form, you are opting out of active membership of the DB Career Average Plan and, if relevant to you, the DC Investing Plan.

Please note:

- If you opt out during the Annual Renewal process – the pension and benefit choices window that normally runs in July and August each year – your choice will take effect from the 1 October.
- If you opt out outside of the Annual Renewal process, your choice will take effect from the next available payroll.

1. Opting out: What you need to know

- If you have chosen the voluntary serious ill-health DC top-up cover, this cover will end when your current pension membership ends. You will not be able to choose the alternative voluntary serious ill-health DC cover until the next Annual Renewal process.
- 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 window.
- If you stay opted out, your employer will normally be required by law to enrol you back into the Fund as a DC member 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 membership 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 – www.thepensionsregulator.gov.uk
- See the information below about what to do if you change your mind and want to opt back into membership of the Fund.

If you would like to proceed to opt out, please 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 **ExpertPensions.Team@unilever.com**

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



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If you choose to opt out, you may not be able to rejoin the Fund as a member of the DB Career Average plan. You can find out more about this at www.unileverbenefitchoices.com

These restrictions do not apply to rejoining the Fund as a DC Investing Plan member. You can rejoin as a DC member at any time as long as there has been 1 clear payroll month between opting out and rejoining.

If you subsequently decide you want to opt back in before the next Annual Renewal window, then you should contact the Expert Pensions Team at ExpertPensions.Team@unilever.com who can guide you through the process.

2. Your details

Full name _____

National Insurance no: _____

Date of birth: _____

Employee no: _____

Address: _____



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My declaration

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

Please tick

- 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. Once I have opted out, I will no longer be able to pay AVC contributions to the external provider again at any time in the future. 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 to rejoin the Fund but this may not necessarily be into the same plan I have opted out from. In particular, I understand that I may not be able to rejoin the DB Career Average Plan.
- I understand that I may be required to provide medical evidence should I wish to rejoin the Fund.
- 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 www.uukpf.co.uk/documents/leaflets/trustees_privacy_policy.pdf
- I have personally submitted this form.

Signed: _____ **Date:** _____

It is important to complete the form fully and sign it. We cannot accept an incomplete or unsigned form.

For more information:

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

If you later change your mind and want to rejoin the Unilever UK Pension Fund, please contact your HR People Partner.

Nomination form

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

Once completed, you can return this to ExpertPensions.Team@unilever.com



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Expert Pensions Team to complete

Date withdrawn from UUKPF _____

AE Statutory opt out _____

Other opt out _____



Nomination for lump sum death benefit form

Non-member (opted out of the UUKPF)

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(%)** _____



Nomination for lump sum death benefit form

Non-member (opted out of the UUKPF)

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(%)** _____



Nomination for lump sum death benefit form

Non-member (opted out of the UUKPF)

Name 3: _____

Address: _____

Relationship to me: _____ **Share(%)** _____

Please continue on a separate sheet of paper if necessary.

Signature and date

Signed: _____ **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
PO 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.