

Your request to opt in or join

Only complete this form if you want to opt in to or join your employer's pension scheme.



Important notes

Under automatic enrolment regulations, you have the right to either opt in to or join your employer's pension scheme. This request form can be used if you decide you want your employer to assess your eligibility to enrol you into their pension scheme with Aviva. This request form is provided by Aviva on behalf of your employer.

Please complete this form using black ink and capital letters.
To help process your request, all fields marked with an * must be completed.

If you've received your enrolment information from Aviva: this form should be returned to **Aviva (AE), PO Box 2282, Salisbury SP2 2HY**. We will notify your employer of your request.

Or, if you've received your enrolment information from your employer or another party: DON'T return this form to Aviva. You must return this form as instructed in your enrolment information.

Employer name*

Power Leisure Bookmakers Ltd

Scheme name

Scheme number

Your full name*

Domey Alex De sousa

Your date of birth*

31/11/1972

National Insurance number

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Please tick this box if you don't have a permanent National Insurance number.

☐

Contact number*

07440670908

We'll only contact you if there are any problems with your form. If you don't have a contact number, please provide your home address.

Your address

11 Vivian Gardens
Wembley

Town/City

WEMBLEY.

County

UNITED KINGDOM

Postcode

HA96RF

Our reference*

(shown on your enrolment information if provided by Aviva)

What you need to know

- Completing this form means that you'd like to be assessed to see if you're eligible to be enrolled into, or to join your employer's pension scheme. If you join the scheme, you may need to complete another application form. You'll be contacted if this is required.
- Please read all of the documents made available to you with your enrolment information before proceeding. This may include a key features, illustration and terms and conditions, or information provided by the scheme trustee(s). Please contact Aviva or the scheme trustee(s) (if applicable) if you need a paper copy.
- This request only allows you to start pension saving in the Aviva pension scheme with the employer named above.

Data privacy

We'll use the personal information you're providing to us in order to register your choice of opting into this pension scheme. If you'd like

more information about how we use and process personal information and your rights in relation to it, you can find further detail in our full privacy policy at aviva.co.uk/privacypolicy or request a copy by writing to us at The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.

Financial Crime

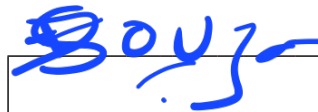
To verify your identity and prevent financial crime, your information may be used by any company within the Aviva group. It may also be shared with third parties who provide services to us, and any other organisations, where required to by law and regulation.

We may record any searches carried out. These, and any suspicion of financial crime, may be used to help other companies with verification and identification. The search isn't a credit check and your credit rating shouldn't be affected.

Your declaration and consent

- 1 I want to start pension saving in my employer's pension scheme with Aviva.
- 2 Where I choose to opt in to the pension scheme, I understand that my employer will assess my age and earnings to determine if I'm eligible to be enrolled into the pension scheme.
- 3 If I'm assessed as a jobholder when my employer receives this notice, I understand that they'll enrol me into their pension scheme from the beginning of the pay reference period after they were given this notice.
- 4 Otherwise, I understand that I'll continue to be assessed, and my employer will enrol me into their pension scheme from the beginning of the pay reference period in which I become a job holder.
- 5 I understand that once enrolled I'll have the option to opt out of the pension scheme if I change my mind.

Signature



Name

Alex De Sousa

Date

21/06/2023

You must sign and date in this box in order for your request to be accepted. Please return your completed form as instructed above.

Need this in a different format?

Please get in touch if you'd prefer this form (**MM30513**) in large print, braille or as audio.

How to contact us?



0345 604 9915



mymoney@aviva.com



aviva.co.uk

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Telephone 0345 604 9915 – calls may be recorded.

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