

Electronic Communications Opt-out form

Please complete this form in BLOCK CAPITALS if you wish to continue receiving communications about the Scheme by post.

Your details

Surname**Forename(s) in full****National Insurance number****Date of birth****Contact telephone number**

Declaration

By signing this form I confirm that I wish to opt-out of electronic communications from the Scheme. Please note if you have multiple periods of service within the Siemens Benefits Scheme by completing this form you are opting out of electronic communication across all plans.

Your signature**Date**

Please return your completed form to the Pension Service Team, PO Box 131, Blyth, NE24 9FB.