

Pension opt out form

Please complete this form if you wish to opt out of the Scottish Enterprise Pension & Life Assurance Scheme.

Section 1 Your details

Employer name: Scottish Enterprise	
Surname:	First name(s) in full:
National Insurance number:	Date of birth:
Payroll number:	

Signature*	Date
* Please note that no signature is required if submitted electronically	

This form should now be submitted to askhr@scotent.co.uk