

## OPTING INTO THE RCPS

|                   |
|-------------------|
| <b>Full Name:</b> |
|-------------------|

|   |                       |
|---|-----------------------|
| <b>Staff/Payroll No:</b>                    | <b>Work Email:</b>    |
| <b>NI Number:</b>                           | <b>Date of birth:</b> |
| <b>Telephone no:</b>                        |                       |
| <b>Office address, including department</b> |                       |

I confirm that I wish to opt into the: **Research Councils' Pension Scheme (RCPS).**

I understand that the period of opted out service does not count toward any future RCPS benefits.

|        |  |      |  |
|--------|--|------|--|
| Signed |  | Date |  |
|--------|--|------|--|

**Please return this form to your employer's HR department or your employer's agent if applicable (UK SBS via a service request through Oracle iSupport).**

**Your employer/employer's agent must complete the following section.**

### Employer to complete

|  |  |
|--|--|
| Date Opted in from   |  |
| Pension Scheme Opted in to   |  |
| Department name  |  |
| Full name  |  |
| Job Title  |  |
| Telephone Number   |  |
| Signature  |  |
| You (the employer) must send a copy of this form to JSS Pensions Administration. |  |
| Date sent to JSS   |  |