

UNIVERSITY OF YORK PENSION FUND

Additional Voluntary Contributions (AVC) cessation form

To be completed by a member who wishes to stop contributing to their AVC policy with the University of York Pension Fund (the Fund).

Your details

Title: _____

Forename: _____

Other (middle) names: _____

Surname: _____

National Insurance number: _____ Date of birth: _____

Your contact details

Home address: _____

Telephone number: _____

Personal email address: _____

Signature

I confirm that I wish to stop making monthly contributions to my AVC policy.

I understand that this instruction will be applied in the next available payroll run.

I understand that the Trustee recommends that I take financial advice. I understand that the Trustee is not able to offer me advice in this matter and can accept no responsibility for any adverse outcomes of my decision.

Signed: _____

Date: _____

What to do next

Please return the original of your completed form to:

Pensions Office
University of York
Heslington
York
YO10 5DD

Notes

- We cannot accept scanned copies of this form.
- This form must be signed with a wet-ink signature.