

HEWLETT-PACKARD LIMITED RETIREMENT BENEFITS PLAN “The Plan”

Opt out from the Plan Digital Section

To: Employer: Hewlett Packard Enterprise
Trustee: Trustee of the Hewlett-Packard Limited Retirement Benefits Plan

Surname	
Forenames	
Employee ID	
National Insurance Number	

I hereby give notice that I wish to opt out the Plan at the first available opportunity and would also confirm that:

- I am not married
- I am married and confirm that I have indicated to my spouse that I have opted out of the HP Plan and this will affect the benefits payable on my death

I understand the consequences of this action as summarised below:

General Terms

By Opting-Out of Membership of the Plan I understand that:

- There are no further contributions payable by my Employer
- There is no entitlement to spouse/dependants pensions for future service
- My entitlement to Life Assurance will continue to age 65 whilst still employed by my employer

Signed		Date	
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This form should be returned to:

HP Plan Administration team, Equiniti, Sutherland House, Russell Way, Crawley, West Sussex RH10 1UH.

Or

Scanned to: digital@equiniti.com
