Request to opt in or out of SMART Basic Normal Contributions (BNCs) and/or SMART Additional Voluntary Contributions (AVCs)

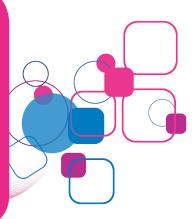


for members of the Experian Retirement Savings Plan

This form should be used if you want to...

- **OPT IN** to SMART BNCs and/or AVCs
- **OPT OUT** of SMART BNCs and/or AVCs

Save time by doing this online. Simply log in to your online account at www.experian.co.uk/retirementplan



Please remember that:

• If you would like to change your BNC and/or your AVC contribution rate you will need to complete a separate form.

Part 1	Personal details		sing blue or black ink.
Title: Mr/Mrs/Miss/M	1s/Other*	Surname .	
Forename(s)			
Home address			
		Postcode .	
Date of birth) (Y (Y	Please complete part
Employee number			2 or 3 of this form, and remember to sign the
NI Number			declaration in part 4.
*Delete whichever do not app	ly		



Opt in to SMART BNCs and/or SMART AVCs

Please read, sign and date the declaration below if you wish to opt in to SMART BNCs and/or SMART AVCs.

You should note that you cannot participate in SMART AVCs unless you participate in SMART BNCs. However, you can participate in SMART BNCs without opting in to SMART AVCs. You can opt in to, or out of, SMART up to twice in any 12-month period.

I am a member of the Experian Retirement Savings Plan and wish to opt in to SMART basic contributions and/or AVCs (as outlined below). I understand that by completing this form my salary will be reduced by an amount equal to my chosen contribution level(s) and the Company will make a corresponding contribution(s) to the Plan. I will therefore benefit from lower National Insurance Contributions which will increase my take home pay. This represents a change to my terms and conditions of employment.

I wish to opt in to SMART BNCs only			
I wish to opt in to SMART AVCs (for members who alre	ady contribute	SMART BNCs)	
I wish to opt in to SMART BNCs and SMART AVCs			
		Please complete	as appropriate
My instruction is to take effect from	(D)(D)	(M)(M)	$\left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right)$



Opt out of SMART BNCs and/or SMART AVCs

Please read, sign and date the declaration below if you wish to opt out of SMART BNCs and/or SMART AVCs.

You should note that you cannot participate in SMART AVCs unless you participate in SMART BNCs. However, you can participate in SMART BNCs and opt out of SMART AVCs, in which case AVCs will be deducted as normal employee contributions from your pay after calculation of National Insurance contributions. You can opt in to, and out of, SMART up to twice in any 12-month period.

I am a member of the Experian Retirement Savings Plan and wish to opt out of SMART BNCs and/ or AVCs (as outlined below). I understand that by completing this form I will either not benefit from any potential National Insurance savings that SMART might provide or if I am only opting out of SMART AVCs I will not benefit from the full amount of NIC savings available to me.

Please tick the relevant box

Please tick the relevant box

I wish to opt out of SMART AVCs only

I wish to opt out of SMART BNCs and SMART AVCs

Please complete as appropriate

My instruction is to take effect from



Declaration (to be completed in all cases)

For the purposes of the Data Protection Act 1998 I consent to the information contained in this form being processed by or on behalf of the Trustee of the Plan.

Signature	
Date	
Visit www.experian.co.uk/retirementplan for AVCs, SMART Pensions and investment option	
AVCs, SMART Pensions and investment option	
AVCs, SMART Pensions and investment option Please return your completed form to:	
AVCs, SMART Pensions and investment option Please return your completed form to: Experian Pensions Team	
AVCs, SMART Pensions and investment option Please return your completed form to: Experian Pensions Team Capita Employee Benefits	
AVCs, SMART Pensions and investment option Please return your completed form to: Experian Pensions Team Capita Employee Benefits Hartshead House	

NOTE: THIS FORM SHOULD BE RETURNED TO CAPITA EMPLOYEE BENEFITS BY THE 1ST OF THE MONTH IN WHICH YOU WISH YOUR INSTRUCTION TO TAKE EFFECT.

