

Opt-in Form (USS)

Surname:.....

Forenames:..... **Title:**.....

National Insurance Number:

I hereby apply for admission as a member of the scheme and I agree that the contribution required from me under the Rules of the Scheme may be deducted from my salary.

Signature of employee:.....

Date:.....

Please note that we are obliged to verify your date of birth. We should be able to do so from the Proofs of Identity that you supply to Human Resources, as detailed in the letter accompanying your contract.