

Electronic Communications Opt-out form

Please complete this form in BLOCK CAPITALS if you wish to continue receiving communications about the Scheme by post.

Your details

Surname	<input type="text"/>		
Forename(s) in full	<input type="text"/>		
National Insurance number	<input type="text"/>	Date of birth	<input type="text"/>
Contact telephone number	<input type="text"/>		

Declaration

By signing this form I confirm that I wish to opt-out of electronic communications from the Scheme. Please note if you have multiple periods of service within the Siemens Benefits Scheme by completing this form you are opting out of electronic communication across all plans.

Your signature	<input type="text"/>	Date	<input type="text"/>
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Please return your completed form to AskHR, PO Box 9011, Poole BH12 9HW.