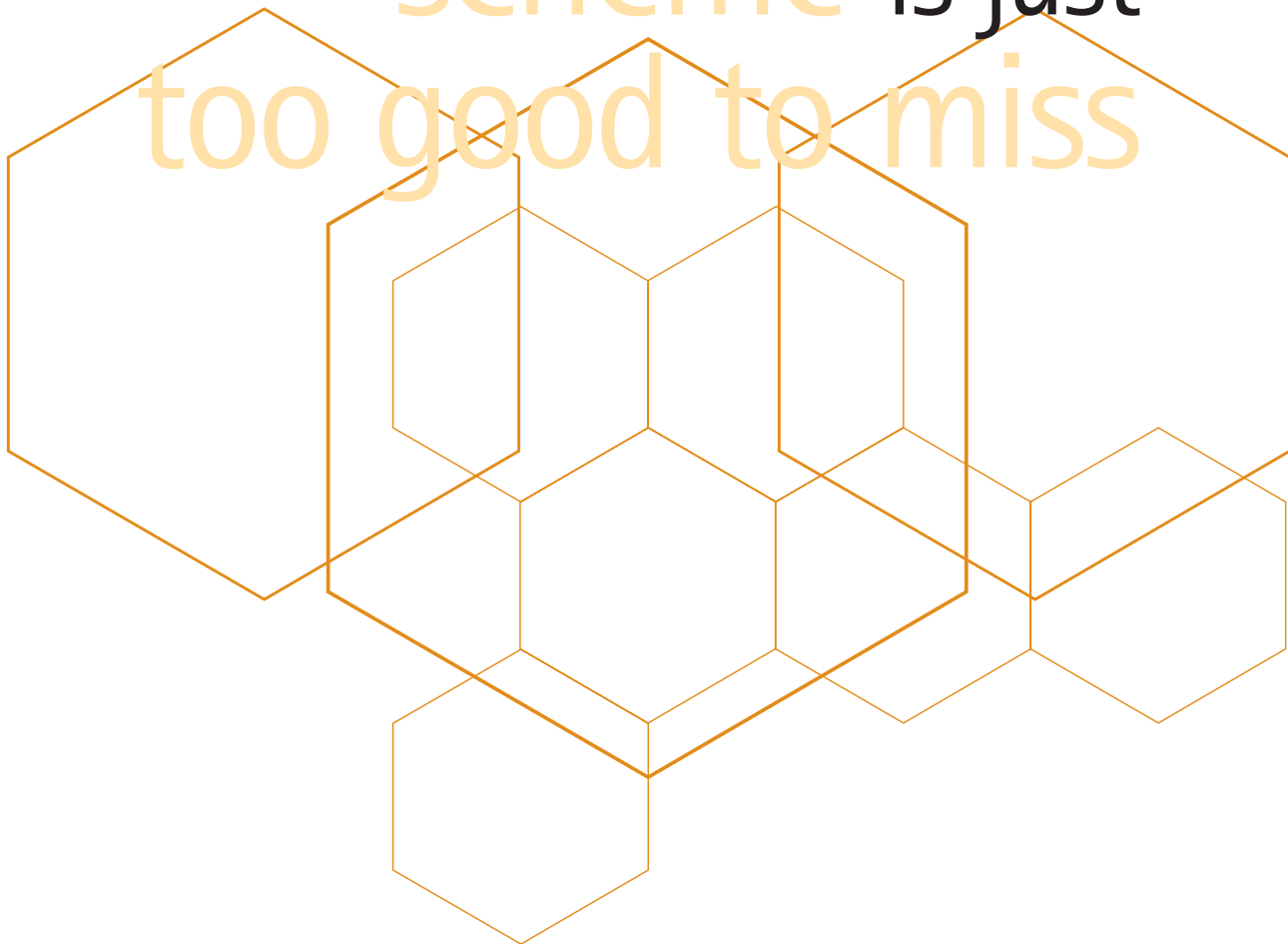


Membership Form



your
employer's pension
scheme is just
too good to miss



Please complete this form, considering the following:

- Have you previously been a member of the Local Government Pension Scheme?
If so, would you like to combine your membership?
- Have you ever paid into another pension scheme?
If so, would you like to transfer it?

IMPORTANT

- You must apply to transfer/combine within 1 year of joining.
- Please enclose copies of your birth and marriage/civil partnership certificates.
- Always keep us informed if you change address.
- Always quote your National Insurance Number in correspondence.

Please complete this form and send it to your Employer's Payroll Section.

Instructions for completing pages 3 and 4.

Sections 1, 2 and 6 to be completed in all cases.

Section 2 – 'Employment' should reflect the job you are doing or about to start for a local authority or scheme employer.

Section 3 – Please complete this section if you have ever worked for a local authority or scheme employer before.

Section 4 – Please complete this section if you have ever been in a pension scheme before. These could be: other occupational pensions, personal pensions or stakeholder pensions. Put down address of pension section, or if not known, the appropriate employer.

Please Note: Where the payment of a transfer from a previous pension takes place more than 12 months after your date of commencement, the membership added may be worth less than if transferred **WITHIN** the first year of employment.

Once completed, please send this form to your employer's payroll section

1. Personal Details – please fill in this section in ALL cases. (Please use BLACK ink)

Title, Surname	<input type="text"/>	National Insurance Number	<input type="text"/>
First Names	<input type="text"/>		
Previous Surname(s)	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Status	Single / Married / Civil Partnerships / Divorced / Dissolved Civil Partnerships / Widow/er		
<i>Please circle as appropriate</i>			
Telephone	<input type="text"/>	Home	<input type="text"/>
		Work	<input type="text"/>

2. Employment – please fill in this section in ALL cases. For help completing, please refer to notes opposite

Employer's Name and Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Date Started Employment	<input type="text"/>	Payroll Number
	<input type="text"/>	<input type="text"/>
Department and Location	<input type="text"/>	
Post Appointed to	<input type="text"/>	

3. Previous Local Government Employment. Please complete if you have ever been in local government employment

Name and Address of previous employer	<input type="text"/>	If you paid into the pension scheme did you... <input type="checkbox"/> Take a refund? <input type="checkbox"/> Draw a Pension? <input type="checkbox"/> Transfer Benefits? <input type="checkbox"/> Defer Benefits?	
	<input type="text"/>		
	<input type="text"/>	If you left benefits deferred do you want to... <input type="checkbox"/> Keep them separate? <input type="checkbox"/> Find out about combining them? (1 year time limit applies)	
	<input type="text"/>		
Dates from	<input type="text"/>	to	<input type="text"/>
Name and Address of previous employer	<input type="text"/>	If you paid into the pension scheme did you... <input type="checkbox"/> Take a refund? <input type="checkbox"/> Draw a Pension? <input type="checkbox"/> Transfer Benefits? <input type="checkbox"/> Defer Benefits?	
	<input type="text"/>		
	<input type="text"/>	If you left benefits deferred do you want to... <input type="checkbox"/> Keep them separate? <input type="checkbox"/> Find out about combining them? (1 year time limit applies)	
	<input type="text"/>		
Dates from	<input type="text"/>	to	<input type="text"/>

If you were paying extra contributions to increase your benefits, please give details.

Please use a separate sheet of paper if necessary.

