



# Councillor's Application to join the Local Government Pension Scheme

**1. Personal Details - Please fill in this section in ALL cases (Please complete in BLACK ink)**

Surname	Title	National Insurance Number					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	Date of Birth					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>						
							Postcode
Status <small>(please circle as appropriate)</small>	Single / Married / Civil Partnership / Divorced / Dissolved Civil Partnership / Widow/er						
Telephone	Home			Work			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>						@
<input type="text"/>	<input type="text"/>						

**2. Council Represented - Please fill in this section in ALL cases**

Local Authority	Payroll Number
<input type="text"/>	<input type="text"/>

**3. Declaration & Authority - Please sign and date in EVERY case**

The details on this form are correct to the best of my knowledge. I wish to join the Local Government Pension Scheme and authorise the Local Authority shown above to deduct contributions from my pay.

Signed	<input type="text"/>	Date	<input type="text"/>
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**FOR OFFICIAL USE**

Local Authority to complete: -			
Date received & processed	<input type="text"/>		
Date sent to M.P.F.	<input type="text"/>		
LGP1 attached (delete as applicable)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

PLEASE RETURN THE COMPLETED FORM TO YOUR PAYROLL SECTION