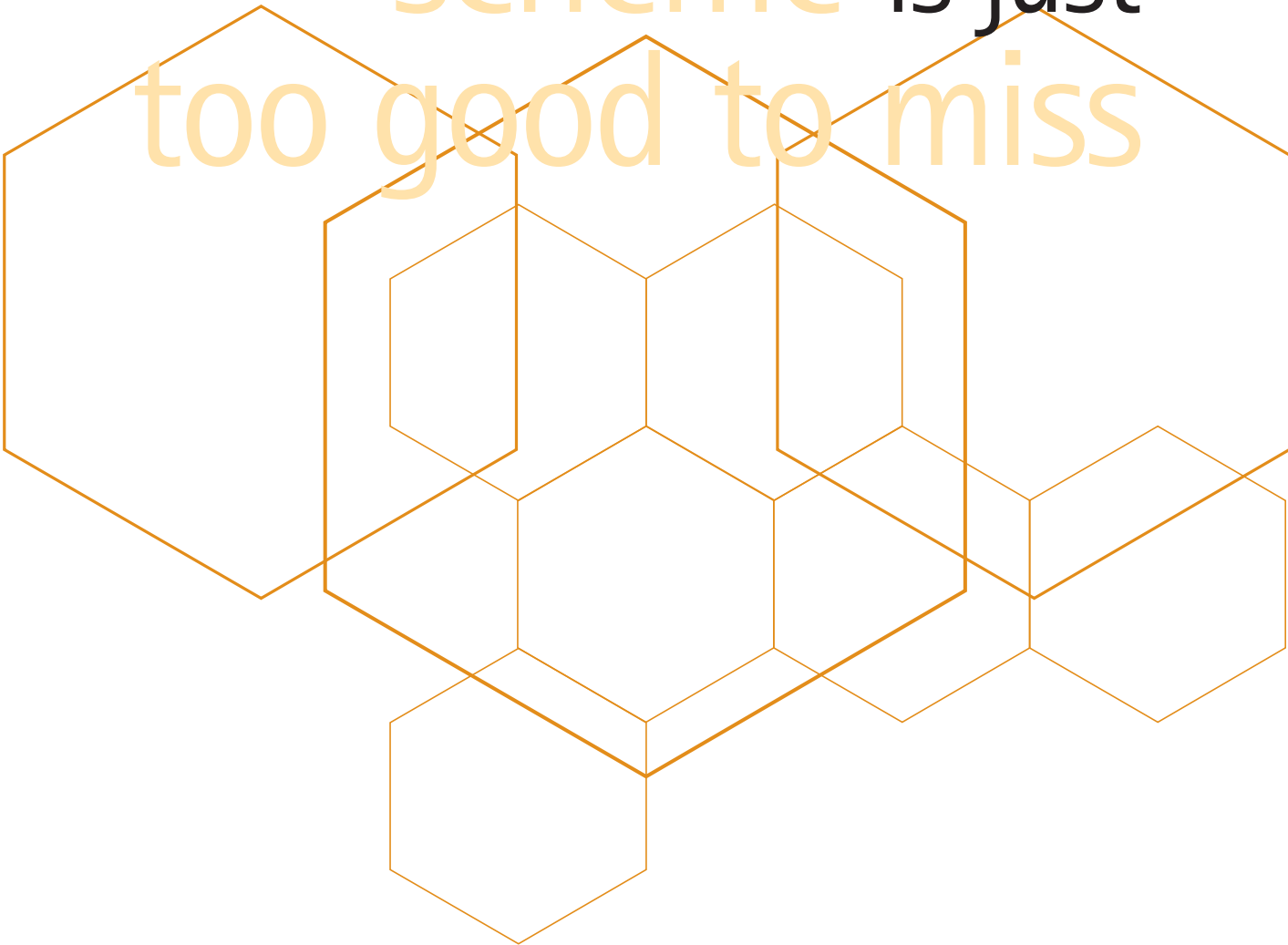


# Membership Form



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 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"/>	Date of Birth	<input type="text"/>
Previous Surname(s)	<input type="text"/>		
Home Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Status	Single / Married / Civil Partnership / Divorced / Dissolved Civil Partnership / Widow/er / Cohabiting		
<i>Please circle as appropriate</i>			
Telephone	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"/>	<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?
Dates from	<input type="text"/>	to	<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)
Name and Address of previous employer	<input type="text"/>	<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?
Dates from	<input type="text"/>	to	<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)

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

#### 4. Other Pension Arrangements

Name and Address of previous pension administrator

Membership/Policy Number

When you left, did you

Take a refund?     Draw a Pension?  
 Transfer Benefits?     Defer Benefits?

If you deferred benefits, please indicate whether you would like to find out about transferring them into this fund. (1 year time limit applies.)

YES                       NO

Please tick Yes or No

Dates from

--	--	--	--	--	--	--	--

 to 
 

--	--	--	--	--	--	--	--

Name and Address of previous pension administrator

Membership/Policy Number

When you left, did you

Take a refund?     Draw a Pension?  
 Transfer Benefits?     Defer Benefits?

If you deferred benefits, please indicate whether you would like to find out about transferring them into this fund. (1 year time limit applies.)

YES                       NO

Please tick Yes or No

Dates from

--	--	--	--	--	--	--	--

 to 
 

--	--	--	--	--	--	--	--

Name and Address of previous pension administrator

Membership/Policy Number

When you left, did you

Take a refund?     Draw a Pension?  
 Transfer Benefits?     Defer Benefits?

If you deferred benefits, please indicate whether you would like to find out about transferring them into this fund. (1 year time limit applies.)

YES                       NO

Please tick Yes or No

Dates from

--	--	--	--	--	--	--	--

 to 
 

--	--	--	--	--	--	--	--

#### 5. Additional Voluntary Contributions. Please complete if you have ever paid AVCs.

What type of AVC did you pay into? (Please tick)

Scheme AVC  
 Free standing AVC (top-up pension)

Please give name and address of provider


#### 6. Application, Declaration & Authority. Please sign and date in **every** case.

I have **never** been in a pension scheme. (please tick box if applicable)

The details on this form are correct to the best of my knowledge. I understand that an application to transfer any pension from a previous scheme into the LGPS or to combine previous LGPS membership with current membership, must be made within 1 year of joining. I authorise the schemes involved to provide you with any information you need.

I authorise my employer to deduct contributions to the Local Government Pension Scheme from my salary/wages.

Signed

Date

#### FOR OFFICIAL USE EMPLOYER PLEASE COMPLETE

Date received and processed

Date sent to MPF

LGP1 attached  YES  NO