

Details of previous pension benefits

Surname:	
Title: Mr/Mrs/Miss/Ms/other	Forenames:
Date of birth:	National Insurance Number:
Your Address:	
	Post Code:
Current marital status:* Single/Married/Divorced/Widow(er)/Civil Partnership	
Name of your Employer:	

Previous Pension Details Form - Notes

Transfers from the Local Government Pension Scheme:

If you were paying additional scheme contributions to your previous Authority and wish to continue to do so in your new job please provide me with full details, so that the appropriate arrangements can be made.

If you are currently in receipt of a pension under the Local Government Pension Scheme you must inform your previous employer as well so that they can inform you of whether any reduction may be required to the pension in payment.

All Transfers:

It is important that an election to investigate a transfer of previous benefits is received within your first year of employment. If you do not make an application within this period a transfer of benefits may not be permitted.

General information:

Please provide as much information as possible regarding your previous pension benefits and enclose copies of relevant documentation as appropriate. This will be of assistance when we contact your previous scheme.

On receipt of this form at our offices the LPP will write to your previous Authority requesting the relevant transfer details and will contact you again once these are received. At that time we will provide you with details of what benefits the transfer will purchase under the Scheme and ask you to formally confirm whether you wish the transfer to proceed.

Please return this form to:

Bexley Pensions Team
LPP - Your Pension Service
PO Box 1383
Preston PR2 0WR

If you would like us to investigate a possible transfer of pension benefits please sign below and enter the details of previous employments in relation to which you were a member of a pension scheme and attach copies of any personal notifications regarding your membership of the Schemes. Details regarding Personal Pension Plans and/or Stakeholder pensions should be included.

Contact Name and Address for Previous Employer's Pension Arrangements or your Personal Pension Provider	Dates of employment		Place of employment	Please tick against the relevant line if you have had Pension contributions refunded (R) Pension in payment (P) or wish us to Investigate a transfer (I)		
	From	To		R	P	I

Additional Information

Were you paying additional LGPS Scheme contributions? If 'Yes' please attach full details	Yes/No:
Are you paying AVC or FSAVC contributions? If 'Yes' please attach full details	Yes/No:
Are you in receipt of a pension from the Local Government Pension? If 'Yes' please attach details	Yes/No:

Signed:	Date:
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