



Joining the Local Government Pension Scheme (LGPS)

Please complete this form whether you intend to join the Pension Scheme or not. This form applies to a person offered employment in which they are eligible to contribute to the Local Government Pension Scheme (LGPS) or existing employees who now wish to enter the Scheme.

Part A For completion by the employee in all cases.

| | |
|--|----------------------------|
| Surname: | |
| Title: Mr/Mrs/Miss/Ms/other | Forenames: |
| Date of birth: | National Insurance Number: |
| Your Address: | |
| | Post Code: |
| Current marital status: Single / Married / Divorced / Widowed / Separated / Civil Partnership | |
| If you selected "Civil Partnership", please confirm current status of relationship: Existing Partnership / Dissolved Partnership / Surviving Civil Partner (Partner deceased) | |
| Name of your Employer: | |

Declaration

Please tick one box and sign below.

I confirm that the details given on this form are complete and accurate and I declare:

| | |
|--|-------|
| <p>I wish to become a member of the Local Government Pension Scheme.</p> <p>Please attach your original birth certificate and any other original certificates or documents concerning your marital status. Failure to do so will result in a delay before any payments can be made subsequent to your leaving.</p> | |
| <p>I do NOT wish to become a member of the Local Government Pension Scheme</p> <p>I understand that I may be giving up valuable benefits which I may not be able to replace at a later date</p> | |
| My reason for not joining is: | |
| Signed: | Date: |

Once you have completed and signed Part A (and if you wish to join the LGPS Part B also) please return this form with any attachments to your employer.

All information provided in connection with scheme membership will be processed and stored in accordance with the requirements of the Data Protection Act 1998.

Part B For completion by those employees wishing to become a member of the Local Government Pension Scheme.

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. An option to transfer your pension rights into the LGPS must be made within twelve months of joining or such longer period as your employer allows.

I authorise LPFA to obtain further information regarding my pension rights with a view to a possible transfer

Signed:

Date:

| 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 compensation paid (C) or wish us to Investigate a transfer (I) | | |
|---|---------------------|----|---------------------|---|---|---|
| | From | To | | R | C | I |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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*** If you are in receipt of a Local Government Pension, you are required to notify the authority paying it that you have taken up further employment.**

Have you opted to pay additional contributions?
(LGPS added years, in-house AVCs or FSAVCs)
If 'Yes' please attach full details

Yes/No:

Part C For completion by the employer in all cases

The employer should complete this part in respect of the employee detailed in Part A and in respect of the post in which they have either elected to become, or not to become, a member of the Local Government Pension Scheme.

| | | | |
|--|---|-----------|---------------|
| Employer: | LPFA Employer Code: | | |
| Place of employment: | Job title: | | |
| Employment commenced on: | Pay number: | | |
| National Insurance Contribution Table letter: | | | |
| Hours worked per week: | Weeks worked per year including annual leave entitlement: | | |
| The employee is (Please delete as appropriate) | whole-time | part-time | variable-time |

Only complete this part if the employee wishes to become a member of the Scheme.

| | |
|--|-------|
| Contributions commenced on: | at %: |
| Does the employee have a protected right to pay contributions at 5%: Yes/No | |
| If 'Yes', please state why: | |
| Rate of pay from which contributions will be deducted per week/month/year £: | |
| Rate of emoluments in respect of which contributions will be paid per week/month/year £: | |
| If the employee is part-time, please detail for a comparable whole-time employee:- | |
| Hours worked per week: | |
| Weeks worked per year including annual leave entitlement: | |
| Rate of pay from which contributions are deducted £: | |

Declaration

I certify that the details given in Part C of this form are correct and that the National Insurance Number given in Part A agrees with that held on the payroll records.

| | | |
|-------------------------|--------------------|-------------------|
| Signed: | Date: | |
| Name in block capitals: | Designation/grade: | Telephone number: |

Upon completion the employer should return this form to:
London Pensions Fund Authority
Dexter House, 2 Royal Mint Court
London, EC3N 4LP.

Contact details

London Pensions Fund Authority
Dexter House, 2 Royal Mint Court, London, EC3N 4LP
Our offices are open from 8.30 am to 5 pm, Monday to Friday
Website: www.yourpension.org.uk

LPFA Pensions Team
Telephone: 020 7369 6118
Email: enquiries@lpfa.org.uk

Bexley Pensions Team
Telephone: 020 7369 6247
Email: bexley@lpfa.org.uk

Brent Pensions Team
Telephone: 020 7369 6249
Email: brent@lpfa.org.uk

Hackney Pensions Team
Telephone: 020 7369 6234
Email: hackney@lpfa.org.uk

Hounslow Pensions Team
Telephone: 020 7369 6115
Email: hounslow@lpfa.org.uk

Hammersmith & Fulham Pensions Team
Telephone: 020 7369 6228
Email: hammersmith@lpfa.org.uk

Newham Pensions Team
Telephone: 020 7369 6105
Email: newham@lpfa.org.uk

Westminster Pensions Team
Telephone: 020 7369 6229
Email: westminster@lpfa.org.uk

Text-phone enquiries: 020 7369 6119