

your pension

The Local Government Pension Scheme

Leaving the LGPS

For completion by an individual who is leaving the LGPS. Please read the guide 'Leaving the Local Government Pension Scheme' before you complete this form. Further information is available by contacting us as detailed in that guide. Please complete your details and the declaration sections of this form in all cases together with the relevant option.

Your Details

Surname:	
Title: Mr/Mrs/Miss/Ms/other	Forenames:
Date of birth:	National Insurance Number:
Your Address:	
Post Code:	

Name of your Employer:
Date of leaving the LGPS:
Reason for leaving:
Date employment ceased: (if different to date of leaving the LGPS)

Please now complete either Option A, B, C, D, E or F below and the Declaration at the end of this form. Please tick all relevant boxes and enclose the certificates mentioned. Original certificates will be returned.

Leaving the LGPS

Option A - Refund of Pension Contributions

A period of at least one month and one day has expired since leaving the LGPS under the above employment. I confirm that during that time I have not again become a contributor to the LGPS.

I wish to claim a refund of contributions and would like it credited to the account detailed in the section 'Bank Details'

I certify that I do not have other pension rights in the LGPS in England or Wales derived from a period of personal membership of the Scheme, that I have not previously had such rights commuted due to exceptional ill health, and that I have not transferred pension rights from the LGPS in England or Wales to an overseas scheme. I acknowledge that if I do have such pension rights or have had such a commutation or transfer, I am not entitled to make a claim for a refund of contributions and that, if I make a false statement, the payment of a refund will mean that I cease to be entitled to any other pension benefits I have in the LGPS in England or Wales (other than any spouse's, civil partner's or child's pension being paid to me) and that I will have no further claim on the relevant pension Fund, administering authority or employing authority in respect of those pension benefits.

Signed:	Date:
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Option B - Deferred Decision

I believe that I am entitled to claim a refund of contributions but wish to defer my decision for the time being. I understand that, pending my decision, my contributions will be held in the LPFA Fund and that I will need to contact the LPFA at a later date.

Signed:	Date:
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Please now complete the Declaration at the end of this form.

Option C - Preservation of Benefits

I would like my pension benefits to be preserved in the LPFA LGPS Fund. I understand that you will send me full details of my preserved entitlements.

Signed:	Date:
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Please now complete the declaration at the end of this form.

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Option F - Immediate Payment of Retirement Benefits

I would like to claim immediate payment of my retirement benefits

Or, I believe I am entitled to elect to receive immediate payment of retirement benefits and would like to receive an estimate before committing myself. I understand that you will confirm my entitlement and send me a formal statement or estimate of my benefits.

Signed:	Date:
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Please now complete the bank details below and declaration at the end of this form. Please provide additional details if you wish your lump sum to be paid into a different account.

Bank Details

Name of bank/building society:	
Name in which account is held: (must include your name)	
Sort Code:	Account Number:
Building Society Roll Number:	
Address of branch:	
Post Code:	
Signed:	Date:

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Declaration

To be completed in all cases.

I am: (please tick that which applies)

single

married (and enclose my original marriage certificate and my spouse's original birth certificate)

in a registered civil partnership (and enclose my original civil partnership certificate and my partner's original birth certificate)

a widow/widower/bereaved civil partner (and enclose my spouse/partner's original death certificate)

divorced/judicially separated (and enclose my original decree absolute/decreed of judicial separation)

My civil partnership was dissolved (and I enclose original proof of dissolution)

Original certificates will be copied and promptly returned

I have read and understood the guide 'Leaving the LGPS' regarding the conditions and requirements of the Local Government Pension Scheme Regulations and declare that the information I have given is, to the best of my knowledge, correct.

My choice has been indicated by completing Option:

I understand that if I have been unable to enclose the certificates requested, my case cannot be processed until they are received.

Signed:	Date:
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If you have selected Option A, do not complete within one month and two days of leaving the Scheme.

Please return this form to:

Leaving the LGPS
London Pensions Fund Authority
Dexter House
2 Royal Mint Court
London
EC3N 4LP

your pension

