



**Shropshire  
County  
Pension Fund**



## LOCAL GOVERNMENT PENSION SCHEME New Member Form

Your employer participates in the Shropshire County Pension Fund and you are able to join the Local Government Pension Scheme (LGPS). The scheme offers a valuable range of benefits. You should visit the Shropshire County Pension Fund website [www.shropshirecountypensionfund.co.uk](http://www.shropshirecountypensionfund.co.uk) for an overview of the scheme including scheme guides.

When returning your completed form, please include a good quality **photocopy** of your birth certificate (or current passport) so your date of birth can be verified, and where appropriate a good quality **photocopy** of your marriage/civil partnership certificate. Please avoid sending us original documents. If you must send us originals, we strongly encourage you to post them by either **recorded or special delivery**. They will be returned in the same way. We are not liable for any original certificates that may be lost, damaged or delayed in the postal system. It is at your own risk if you choose to send original certificates to us.

**Please tick the relevant boxes:**

I enclose a clear photocopy of my birth certificate or passport:

I enclose a clear photocopy copy of my certificate relevant to my marital status:

I have **not** enclosed any photocopies of certificates with this form and will send these later:

On joining the LGPS a pension record (for each employment) will be set up and an official notification of your membership of the LGPS will be sent to you. You should check your payslip to make sure that pension contributions are being deducted. If you do not wish to stay in the LGPS, you will need to complete an 'opt out form'. You can find this form on our website or you can contact the Pensions Team for a paper copy.

**How we use your information:** The Shropshire County Pension Fund is a data controller under data protection law. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the fund, please visit [www.shropshirecountypensionfund.co.uk](http://www.shropshirecountypensionfund.co.uk).

SECTION 1 - PERSONAL DETAILS			
<b>Full Name</b>		<b>Title</b>	
<b>National Insurance</b>		<b>Date of Birth</b>	
<b>Home address</b>			
<b>Email address*</b>			
* I confirm that by providing my email address, I freely consent to Shropshire County Pension Fund emailing me in relation to my pension. (You don't have to provide your email address. If you don't, the fund will not be able to contact you with information about your pension and you will not be able to register to view your pension account online to see your annual benefit statement. In these circumstances a paper copy must be requested. For more information, please read the privacy notice on our website.)			
<b>Marital status</b>			
<b>If married/civil partnership</b>		<b>Previous surname (if applicable)</b>	

SECTION 2 - EMPLOYMENT DETAILS			
<b>Employer</b>		<b>Start date</b>	
<b>Payroll number</b>		<b>Post number</b>	
<b>Job title</b>		<b>Salary</b>	£
<b>Have you previously 'opted out' of this post?</b>	Yes	No	<b>If yes, are you 'opting back in?'</b> Yes No

SECTION 3 – PREVIOUS PENSION SCHEME MEMBERSHIP
<p>If you have previously paid into a pension scheme this can affect your pension with us, so we need to know about previous pension rights from:</p> <ul style="list-style-type: none"> <li>• another LGPS fund, or</li> <li>• a previous employer's pension scheme, or</li> <li>• a self-employed pension plan, or</li> <li>• a 'buy-out' policy, or</li> <li>• a personal pension plan, or</li> <li>• a stakeholder pension scheme, or</li> <li>• an additional voluntary contribution (AVC) arrangement.</li> </ul> <p>It may be possible to transfer previous pension rights to the LGPS. By giving us details about all previous pension scheme membership, we can investigate the possibility of a transfer and make a note of this previous membership on your record.</p> <p>Please fill in the next page, including details for each pension scheme you have been a member of. If necessary, attach copies of any relevant documents. Please note, no transfer will be completed without your final authorisation.</p> <p>Applications for pension rights to be transferred must be made no later than twelve months after entering the LGPS. You will not be given a further option unless your employer and the fund agree to an extension of this time limit.</p> <p><b>Are you a previous LGPS member?</b> If you are re-joining the LGPS after having previously built up LGPS pension rights in a different fund, it is important you tell us about this membership as this can affect your benefits paid by us. In some circumstances, previous LGPS benefits will automatically be joined with your new active pension account. Also, special rules apply if you were a member of the LGPS on or before 31 March 2014.</p> <p>You should list any previous LGPS or other pension membership on the next page and we will contact you to let you know what rules apply to you.</p>

**Please make sure this form is fully completed and the declaration on page 4 is signed before returning to: Pension Services, PO Box 4826, Shrewsbury, SY1 9LJ.**

**SECTION 3 – PREVIOUS PENSION SCHEME MEMBERSHIP (CONTINUED)**

**PENSION 1 - DETAILS OF PREVIOUS PENSION SCHEME MEMBERSHIP**

<b>Name of employer or pension</b>				
<b>Job title</b> (if pension linked to job)				
<b>Policy number</b>				
<b>Pension scheme name</b>				
<b>Pension scheme address</b>				
<b>Date commenced</b>		<b>Date ceased</b>		
<b>When you left did you</b>	Take a refund	Draw a pension	Transfer benefits	Defer benefits
<b>Transfers must be requested within twelve months of joining the LGPS. Would you like to investigate a transfer?</b>			Yes	No

**PENSION 2 - DETAILS OF PREVIOUS PENSION SCHEME MEMBERSHIP**

<b>Name of employer or pension</b>				
<b>Job title</b> (if pension linked to previous job)				
<b>Policy number</b>				
<b>Pension scheme name</b>				
<b>Pension scheme address</b>				
<b>Date commenced</b>		<b>Date ceased</b>		
<b>When you left did you</b>	Take a refund	Draw a pension	Transfer benefits	Defer benefits
<b>Transfers must be requested within twelve months of joining the LGPS. Would you like to investigate a transfer?</b>			Yes	No

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<b>Job title</b> (if pension linked to previous job)				
<b>Policy number</b>				
<b>Pension scheme name</b>				
<b>Pension scheme address</b>				
<b>Date commenced</b>		<b>Date ceased</b>		
<b>When you left did you</b>	Take a refund	Draw a pension	Transfer benefits	Defer benefits
<b>Transfers must be requested within twelve months of joining the LGPS. Would you like to investigate a transfer?</b>			Yes	No

**Please be aware:** If you opt out or have previously opted out of the LGPS on or after 11 April 2015, and are entitled to a deferred benefit as a result of opting out of the scheme in that employment (other than a concurrent employment) and later re-join the LGPS, you do not have the right to aggregate the two periods of membership.

## SECTION 4 – DEATH GRANT EXPRESSION OF WISH FORM

If you die in service as a member of the LGPS, a lump sum death grant of three times your actual pay may be due to your dependants. To make an expression of wish, please fill in the form below. This will instruct us as to who you would like the death grant to be paid to in the event of your death. The scheme managers are not legally bound by an expression of wish and retain absolute discretion. However, they will make every effort to comply with your wishes where practicable to do so.

It's important to remember to update your expression of wish if your circumstances change. For example, if the named beneficiary dies or you divorce, and your spouse was the beneficiary.

If you have given personal data about other people, such as family members, dependants or potential beneficiaries under the fund, please make sure those individuals are aware of the information contained within this notice.

**I wish you to pay any lump sum death grant to the following individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me. \*If you are nominating more than one beneficiary, together, the proportions should total 100%.**

**Your nomination details** (If you wish to choose more than four nominees, please request an additional form)

Nominee 1 name			
Address			
Relationship		Proportion	%*
Nominee 2 name			
Address			
Relationship		Proportion	%*
Nominee 3 name			
Address			
Relationship		Proportion	%*
Nominee 4 name			
Address			
Relationship		Proportion	%*

## SECTION 5 – DECLARATION

By signing this form, you are confirming that:

- the personal details given on page one are correct
- you have read the information in section three of this form and are aware that you have twelve months to investigate a transfer of any previous pension benefits into the LGPS and, if applicable, have included details of these benefits
- you have completed the expression of wish form above and agree that this form reflects your wishes.

<b>Sign</b>		<b>Date</b>	
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