

# Local Government Pension Scheme New Member form

Your employer participates in the Shropshire County Pension Fund and you can join the Local Government Pension Scheme (LGPS). Visit www.shropshirecountypensionfund.co.uk for an overview of the LGPS and the valuable range of benefits on offer.

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 do not send original documents.

### Please tick the relevant boxes:

I enclose a clear photocopy of my birth certificate		passport	relevant marital certificates	
I have <b>not</b> enclosed any photocopies of certificates	s wi	th 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 will be sent to you. Need to return documents to us? You can upload them securely when registered to My Pension Online. Once registered, you should check your payslip to make sure pension contributions are being deducted. If you do not wish to stay in the LGPS, you will need to complete the 'opt out form' on our website or contact the Pensions Team for a paper copy.

### 1. Personal information

Name:	NI number:
Date of birth:	Marital status
If married/civil partnership confirm date	Previous surname
Email address*:	
my pension. (Please note that you don't have to contact you with information about your pe	'm agreeing for Shropshire County Pension Fund to email me about to provide your email address, but if you don't, the fund won't be able ension. You will not be able to register to view your pension account In these circumstances a paper copy must be requested.)

Home address:

Post code

**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 our website.

# 2. Employment information

Employer:	Start date:
Payroll number:	Post number:
Job title:	_Salary £

### 3. Previous Pension Scheme Membership

If you have previously paid into a pension scheme this can affect your pension with us, so we need to know about all previous pension rights. 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.

Please fill in details for each pension scheme you have been a member of. If necessary, attach copies of any relevant documents and continue on a separate sheet if you have more than three. No transfer will be requested or completed without your final authorisation and applications for pension rights to be transferred must be made no

later than twelve months after joining the LGPS. You will not be given a further option unless your employer and the fund agree to an extension of this time limit.

### Are you a previous LGPS member?

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 combine with your new active account. Also, special rules apply if you were a member of the LGPS on or before 31 March 2014. You should list any previous LGPS or other pension

membership and we will contact you to let you know what rules apply to you.

#### Pension 1 - Details of previous pension scheme membership

Employer or pension provid	der:			
Job title (if pension linked t	o previous job):			
Policy number:		Pension scheme	name:	
Pension scheme address:				
Date started: Date ceased:				
When you left did you:	Take a refund	Draw a pension	Transfer benefits	Defer benefits
Vou must request a transfe	wwithin 10 months of	Fisining Mould you like	to investigate a transf	- *2

You must request a transfer within 12 months of joining. Would you like to investigate a transfer?

### Pension 2 - Details of previous pension scheme membership

Employer or pension	on provider:			
Job title (if pension	linked to previous job	):		
Policy number:	Pension scheme name:			
Pension scheme address:				
Date started:	Date ceased:			
When you left did you:	Take a refund	Draw a pension	Transfer benefits	Defer benefits
You must request a transfe	er within 12 months of	joining. Would you like	to investigate a transf	er?
Pension 3 - Details of pr	evious pension sche	eme membership		
Employer or pension prov	ider:			
Job title (if pension linked	to previous job):			
Policy number:		Pension sch	eme name:	
Pension scheme address:				
Date started:	Date ceased:			
When you left did you:	Take a refund	Draw a pension	Transfer benefits	Defer benefits
You must request a transfer within 12 months of joining. Would you like to investigate a transfer?				
Please be aware: If you o	pt out or have previou	usly opted out of the LG	PS on or after 11 April	2015, and are
entitled to a deferred bene	fit as a result of opting	g out of the scheme in t	hat employment (other	than a concurrent
employment) and later re-	join the LGPS, you do	not have the right to co	ombine the two periods	of membership.

### 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 whoever you have nominated. The details below will tell us who you would like the death grant to be paid to in the event of your death. The administering authority is not legally bound by an expression of wish and retain absolute discretion. We 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, please make sure they are aware of the information contained within this notice. You can change this in the future using My Pension Online which you can access via our website.

# Death grant expression of wish form (cont.)

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%.

Nominee 1 Name:	
Address:	Postcode
Relationship:	Proportion (%):
Nominee 2 Name:	
Address:	
Relationship:	Proportion (%):
Nominee 3 Name:	
Address:	
Relationship:	Proportion (%):
Nominee 4 Name:	
Address:	Postcode
Relationship:	Proportion (%):

# 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.

Signed:	Date:





