

Local Government Pension Scheme Opt in form

On opting back into 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 pay slip to make sure that pension contributions are being deducted.

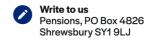
The completed opt in form should be returned to your employer's Payroll Section or Human Resource department. This is so your employer knows to start taking pension contributions. Once this has been done, this form will be passed on by your employer to Shropshire County Pension Fund. The form will be retained as a record of your election to opt back into the LGPS.

It is important that you fully complete this form. If it is incomplete, the form will not be accepted as a valid request and will be returned to you for clarification.

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



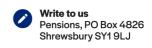




1. Personal Details

Full name:	NI number:
Personal email address:	
Date of birth:	
Home address:	
*I confirm that by giving my email address, I'm ag Fund to email me about my pension. (Please note address, but if you don't, the fund won't be able to pension. You will not be able to register to view yo annual benefit statement. In these circumstances	that you don't have to provide your email contact you with information about your ur pension account online to see your
Employer: P	ayroll number:
Name of job(s) from which you wish to opt in to	o the LGPS
Job title post 1:	
Post number for job 1 (if known):	
Job title post 2:	
Post number for job 2 (if known):	







2. Employment Details

As you are re-joining the LGPS after opting out, you may have previously built up LGPS pension rights in this post or through another employment. It important you tell us about this membership, as this can affect your benefits, for instance, in some circumstances previous LGPS benefits will automatically be joined with your new active pension account.

If you hold deferred benefits in the LGPS as a result of opting out of the post(s) which you now wish to opt back into, after 11 April 2015, you do not have the right to aggregate this previous membership with the new period of membership which will commence as a result of this opt in request. In addition to this, special rules also apply if you were a member of the LGPS on or before 31 March 2014.

You should list any previous LGPS membership below.

LGPS Pension 1 – Details of previous LGPS membership

Employer: Name of LGPS pension fund:

Payroll number: Job title:

Date joined LGPS in this job: Date left/opted out LGPS in this job:

When you left did you (circle): Take a refund Draw a pension Transfer benefits Defer benefits

LGPS Pension 2 – Details of previous LGPS membership

Employer: Name of LGPS pension fund:

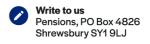
Payroll number: Job title:

Date joined LGPS in this job: Date left/opted out LGPS in this job:

When you left did you (circle): Take a refund Draw a pension Transfer benefits Defer benefits









LGPS Pension 3 – Details of previous LGPS membership

Employer: Name of LGPS pension fund:

Payroll number: Job title:

Date joined LGPS in this job: Date left/opted out LGPS in this job:

When you left did you (circle): Take a refund Draw a pension Transfer benefits Defer benefits

3. Previous Pension Scheme Membership

If you've previously paid into a pension scheme, we need to know about it as it can affect your pension with us. We need to know about previous pension rights from:

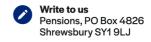
- a previous employer's pension scheme, or
- a self-employed pension plan, or
- a 'buy-out' policy, or
- a personal pension plan, or
- a stakeholder pension scheme, or
- an Additional Voluntary Contribution (AVC) arrangement

It may be possible to transfer previous pension rights to the LGPS, however applications for pension rights to be transferred into the LGPS must be made **no later than 12 months after entering the employment** to which you wish to transfer in your previous pension rights. If you have been in your employment longer than 12 months, you will need the agreement of both your employer and the Fund to transfer in previous benefits.

Please make sure this form is fully completed and the declaration on page 4 is signed before returning to: Pension Services, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND.

You should list any other pension membership below



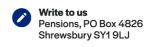




Pension 1 - Details of previous pension scheme membership

Name of employer or pension provider:				
Job title:				
Policy number:				
Pension scheme name and address:				
		Post code:		
Date commenced:	Date ceased:			
When you left did you (circle): Take a refund	Draw a pension	Transfer benefits Draw benefits		
Transfers can only be requested within t	welve months	of joining the LGPS.		
Would you like to investigate a transfer of these benefits? (tick): Yes No				
Pension 2 - Details of previous pension scheme membership				
Name of employer or pension provider:				
Job title:				
Policy number:				
Pension scheme name and address:				
		Post code:		
Date commenced:	Date ceased:			
When you left did you (circle): Take a refun	nd Draw a pension	n Transfer benefits Draw benefits		
Transfers can only be requested within t	welve months	of joining the LGPS.		
Would you like to investigate a transfer	of these benefit	s? (tick): Yes No		



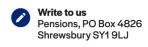




Pension 3 - Details of previous pension scheme membership

Name of employer or pension	provider:			
Job title:				
Policy number:				
Pension scheme name and ac	dress:			
			Post code:	
Date commenced:	D	ate ceased:		
When you left did you (circle):	Take a refund	Draw a pension	Transfer benefits	Draw benefits
Transfers can only be requested within twelve months of joining the LGPS.				
Would you like to investigate a transfer of these benefits? (tick): Yes No				
Please be aware: If you opt out o	or have previous	ly opted out of the	LGPS on or after	11 April 2015
and are entitled to a deferred ben	efit as a result o	f opting out of the	scheme in that em	ployment (other
than a concurrent employment) a	nd later re-join th	ne LGPS, you do i	not have the right to	o aggregate 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 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:	Relationship:
Nombre i name.	i Velation Ship.

Address:

Proportion: %

Nominee 2 name: Relationship:

Address:

Proportion: %

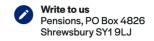
Nominee 3 name: Relationship:

Address:

Proportion: %









Nominee 4 name:	Relationship:				
Address:					
Proportion:	%				
	5. Declaration				
By signing this form, yo	are confirming that:				
You want to opt back i	to the LGPS in the job(s) shown on this form.				
The information you have	ve given on this form is accurate.				
You've given informati	n about your previous LGPS and non-LGPS pensions				
membership and unde	stand that you have 12 months to investigate.				
You have read the info	mation in section three of this form and are aware that yo	ou have			
twelve months to inves	igate a transfer of any previous pension benefits into the	LGPS			
and, if applicable, have	included details of these benefits.				
You have completed to	e expression of wish form above and agree that this form	reflects			
your wishes.					
Sign:	Date:				
J					
	Oct	ober 2024			
	Ocio	JOU 2027			



