



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



Go online

Find out more and log on to
'My Pension Online' at:

www.shropshirecountypensionfund.co.uk



Call us

01743 252130



Email us

pensions@shropshire.gov.uk



Write to us

Pensions, PO Box 4826
Shrewsbury SY1 9LJ



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 agreeing for Shropshire County Pension Fund to email me about my pension. (Please note that you don't have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension. 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).*

Employer:

Payroll number:

Name of job(s) from which you wish to opt in to the LGPS

Job title post 1:

Post number for job 1 (if known):

Job title post 2:

Post number for job 2 (if known):



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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 is 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 twelve 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 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





Pension 3 - 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 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 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.*



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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:
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, you are confirming that:

- You want to opt back in to the LGPS in the job(s) shown on this form.
- The information you have given on this form is accurate.
- You've given information about your previous LGPS and non-LGPS pensions membership and understand that you have 12 months to investigate.
- 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.

Sign:

Date:

October 2024



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