

Powys County Council Pension Fund

Local Government Pension Scheme

New Member / Opt in to Pension Saving Form

You **must** complete **both sides** of this form and return to us, if you are an employee who has automatically been brought into the Local Government Pensions Scheme or if you wish to **Opt In** to the scheme because you have not been brought in automatically, or if you have previously opted out.

You should complete **one form for each employment.**

Personal Details			
Title:		Full Name:	
Home Address:			
		Post Code:	
Tel Number:		Date of Birth:	
Email:		NI Number:	
Marital / Civil Status:	Single / Married / in a Civil Partnership / Divorced / Widowed / Surviving Civil Partner / Cohabiting Partner		
Employer			
Job Title:			
Pay Number:		Date of Commencement:	
<p>Please tick ONE of the following statements.</p> <ul style="list-style-type: none"> • I have been brought into the scheme automatically as a newly appointed employee or auto-enrolled as an existing employee. <input type="checkbox"/> • I am an existing employee who does not presently contribute to the scheme. I wish to join the scheme from the first available opportunity.* <input type="checkbox"/> <p>*The first available opportunity will be the start of the next available pay period following the date your employer receives this form. You should check your payslip to ensure contributions are being taken.</p>			
Signed			Date
			<i>For Official Use:</i>
<i>Actioned by Payroll:</i>	<i>Initials:</i>		<i>Date:</i>

DECLARATION OF PREVIOUS PENSION RIGHTS

LGPS MEMBERSHIP - If you have previously been a member of the **Local Government Pension Scheme (LGPS)** then you **must list below** all your previous periods of LGPS membership and state clearly whether the pension rights were refunded, transferred, deferred, in payment; or are held as an unclaimed refund.

In accordance with the LGPS regulations; in most cases, unless you are in receipt of the pension, your previous LGPS membership will be automatically linked to your current period of membership unless you make a written election, within the first 12 months of rejoining the scheme, to keep your benefits separate. We will write to you again once we have received the relevant details, in order that you can make a decision on whether to make an election to keep your benefits separate. **If none state NONE**

OTHER PENSION RIGHTS - You **must** give us details of **all other previous** pension rights (not your state pension). Please also indicate if you wish us to investigate a transfer. You must express an interest in transferring pension rights within **12 months** of commencing membership of the pension scheme. You will not be given an opportunity at a later date. A transfer of benefits will not be finalised without your written consent. **If none state NONE**

Name and address of Employer Pension Scheme, Personal Pension, AVC, FSAVC provider and/or LGPS pensions		Post Held or Policy Number	Date From	Date To	Have any contributions been refunded / Deferred
1.	Scheme Name:				
	Address:				
		Do you wish to investigate a transfer? Y / N			
2.	Scheme Name:				
	Address:				
		Do you wish to investigate a transfer? Y / N			
3.	Scheme Name:				
	Address:				
		Do you wish to investigate a transfer? Y / N			
4.	Scheme Name:				
	Address:				
		Do you wish to investigate a transfer? Y / N			

Please use a separate sheet if required

AUTHORISATION

I hereby give authorisation for Powys County Council Pension Fund to seek the information necessary to investigate my transfer options from the above named schemes/policies.

Signed		Date	
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Please return the completed form to your employer, if you are **NOT** employed by Powys County Council. **Otherwise please return to:** The Pensions Section, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG.

Please see our website www.powyspensionfund.org for more information or contact us at pensions@powys.gov.uk