



Local Government Pension Scheme Opt-in Form

Looking forward to your retirement

- * Please print this form out before filling it in because we need your signature * Please fill out a separate form for each job you wish to contribute to the LGPS for
 * Please read the [brief guide to the LGPS](#) before filling out the form * A [full scheme guide](#) is also available * **Please return your completed form to your payroll provider**

1. Your Details	
Name:	Date of Birth:
Home Address:	
Employment Start Date :	NI Number:
Employer:	Pay Reference:
Job Description:	

2. Previous Pensionable Service						
Name and address of your previous employer / Authority or personal pension provider	Appointment held (if applicable)	Period of service / contribution period		Name of pension scheme and / or policy number	Were contributions refunded?	Do you receive a pension?
		From	To			



3. Additional Contributions	
If you have previously contributed to the Local Government Pension Scheme, have you elected to pay additional contributions?	YES/NO
If YES, please give details:	

4. Additional Voluntary Contributions	
Have you ever paid Additional Voluntary Contributions (AVCs)?	YES/NO
If YES, please give details:	

5. Receiving a Pension	
Do you receive a pension from the Local Government Pension Scheme?	YES/NO
If YES which Authority pays your pension?	

6. Opting out of a Pension	
Have you opted-out of any of your previous pension schemes?	YES/NO
If YES please give details:	

I declare that I am interested/not interested in the possibility of transferring my previous service with _____ to the Devon County Council Pension Fund/Somerset County Council Pension Fund* and I authorise the company(ies) overleaf to provide any information they require. * delete as appropriate

Your signature: _____

Date: _____

*** Please return your completed form to your payroll provider**