

LOCAL GOVERNMENT PENSION SCHEME REGULATIONS

Please complete both sides of this form and return it to the Pensions Office at the address shown below, together with a copy of your Birth Certificate.

PARTICULARS TO BE SUPPLIED BY EMPLOYEE

Surname Forenames.....

Title MR/MRS/MISS/MS/other Date of Birth

Home Address

.....

.....

Email Address

Marital Status Single/Married/Civil Partnership/'Common Law' partnership*/Divorced
We need this information to determine any possible spouse's benefits

**NO BENEFITS WILL BE PAID UNLESS COPIES OF BIRTH AND MARRIAGE CERTIFICATES HAVE BEEN PROVIDED.
DO NOT SEND ORIGINAL COPIES OF CERTIFICATES OR PASSPORTS TO THIS OFFICE.**

Pay Number NI Number

Position Telephone Number

Date Started Annual Salary £.....

Is this a Part-Time post? Yes No If 'Yes', hours worked each week

Have you been a member of a pension scheme before joining ISLINGTON? Yes No
If yes please give details on the reverse of this form.

Have you been paying additional contributions? Yes No

If 'Yes', please give details: _____

Are you in receipt of pension benefits from any other source? Yes No

If 'Yes', please give details: _____

Signed Date

Death In Service benefits

As a member of the Local Government Pension Scheme, you may nominate one or more beneficiaries to receive any Lump Sum Death Grant which may become payable following your death. Please contact the Pensions Office if you would like any more information about this.

Islington Council, The Pensions Office, 3rd Floor, 7 Newington Barrow Way, London N7 7EP

Tel: 020 7527 2028/4492/6733/2320 Email: pensions@islington.gov.uk

Please detail below any previous pensionable employment and/or any Personal Pension Arrangements.
 Indicate in the end column if you want us to make enquiries regarding a transfer of these pension rights (see note below).

Please sign and date this form where indicated.

NAME & ADDRESS OF EMPLOYER OR PENSION SCHEME <i>[Please ensure full address is provided if you wish us to make a transfer enquiry]</i>	DESCRIPTION OF EMPLOYMENT OR POLICY NUMBER	DATES OF MEMBERSHIP	ANY OTHER RELEVANT INFORMATION (E.g. Refund paid, Preserved Benefits, etc.)	AUTHORISATION TO INVESTIGATE TRANSFER? (YES/NO) *

We will request details of the Transfer Value that your previous scheme is willing to pay, then give you full details of the potential benefits that the transfer would provide under the Local Government Pension Scheme. **Please note you must request a transfer in writing within 12 months of the date you became a member of the LGPS.**

We will not request payment of any Transfer Value until you have indicated, in writing, that you want the transfer to proceed.

SignedPrint nameDate.....

National Insurance NumberDate of Birth

Address

Please return this form to:

Islington Council, Pensions Office, 3rd Floor, 7 Newington Barrow Way, London N7 7EP