

# **LOCAL GOVERNMENT PENSION SCHEME**

## **PENSIONS OPTION FORM**

**I WISH TO JOIN THE LOCAL GOVERNMENT PENSION SCHEME.**

### **PERSONAL DETAILS**

SURNAME	NATIONAL INS NO.
FORENAME(S)	DATE OF BIRTH
ADDRESS	EMPLOYEE NUMBER/S
	EMPLOYER
	TEL.NO: HOME
POST CODE	TEL NO: WORK

SIGNED:.....DATE:.....

**NB: ANY previous Local Government pensionable service MUST be notified using the enclosed Transfer Form irrespective of whether you wish to transfer your benefits.**

PLEASE RETURN THIS FORM TO YOUR EMPLOYER.