

# **Local Government Pension Scheme**

# **Pension Membership Form**

The Local Government Pension Scheme is the statutory occupational pension scheme covering employees (other than teachers) of local authorities and other related organisations. Further information on the Scheme and its benefits can be found in the short guide, which accompanies this form or is available on the Council's website: www.bromley.gov.uk/lgps.

# Membership is automatic for all full-time and part-time employees. You will automatically become a member of the Local Government Pension Scheme on your first day of employment unless:

#### (a) you are age 75 or over

(b) you are employed on a contract of less than three months, or are a casual employee.

If you are employed on a contract of less than three months, or are a casual employee, you may elect to join the Scheme, by ticking this box:

Opt In

It is important that you complete this form as carefully and as fully as possible so that we know about anything that might affect your pension rights.

Complete this form if your employer has enrolled you automatically into the Scheme, even if you have recently been a member in another job.

### ALL employees must complete Section 1

| SECTION ONE  |                           |       |                            |  |  |
|--|---------------------------|-------|----------------------------|--|--|
| Surname:   | First names:              |       | Title:                     |  |  |
| Date of Birth:   | NI Number:                |       | Gender: Male/Female        |  |  |
| Please enclose a copy of your Birth Certificate  |                           |       |                            |  |  |
| Address:   |                           |       |                            |  |  |
| Tel no:  |                           |       |                            |  |  |
| Email address:   |                           |       |                            |  |  |
| Current Status: Single / Married / Widowed / Divorced / Civil Partnership/Co-habiting:<br>If you have selected Civil Partnership, please specify whether this is existing, dissolved or if your partner is deceased. |                           |       |                            |  |  |
| Name of Employer:  | Title of Post To Be Held: |       | Payroll Number (if known): |  |  |
| Signature:   |                           | Date: |                            |  |  |

## Please now complete Sections 2, 3 and 4 of this form

### **SECTION TWO**

#### Details of previous periods of employment

It is important that you give full and accurate information so that your rights under the Scheme can be ascertained. If you have been a member of the Local Government Pension Scheme before, please attach copies of any notifications given to you.

Any request to transfer must be made within 12 months of joining the Scheme, although this may be extended by your employer in exceptional circumstances.

| Name of employer | Period |    | In<br>Pension<br>Scheme | Contributions<br>refunded | Benefits<br>deferred | Do you wish<br>to investigate<br>the<br>possibility of<br>a transfer? |
|------------------|--------|----|-------------------------|---------------------------|----------------------|---|
|                  | From   | То | Yes/No                  | Yes/No                    | Yes/No               | Yes/No  |
|                  |        |    |                         |                           |                      |   |
|                  |        |    |                         |                           |                      |   |
|                  |        |    |                         |                           |                      |   |
|                  |        |    |                         |                           |                      |   |
|                  |        |    |                         |                           |                      |   |
|                  |        |    |                         |                           |                      |   |
|                  |        |    |                         |                           |                      |   |

Were you paying additional pension contributions in your last employment (Additional Voluntary Contributions, Added Years, Additional Regular Contributions)?

If Yes provide details.

If you would like us to investigate a transfer of previous pension rights from any of the above or from a private pension arrangement please now complete Section 3.

Please also complete the Death Grant Nomination Form in Section 4.

I confirm that to the best of my belief, all details on this form are accurate and complete

Signature:

# SECTION THREE

#### Authority to obtain a transfer value

If you have previous pension rights either with a previous employer or private arrangement, please complete the details in this section. Transfer applications must normally be made within 12 months of joining the Local Government Pension Scheme.

Should you have more than one arrangement, please either photocopy this page of the form or contact the pensions team to provide you with a further form.

| Name and address of<br>Employer or Personal Pension<br>Scheme  |      |  |              |  |  |
|--|------|--|--------------|--|--|
| Name and Address of Scheme<br>Administrator (if different from<br>above)   |      |  |              |  |  |
| Occupation or Policy number  |      |  |              |  |  |
| Period of Contributions paid   | From |  | То           |  |  |
| Contributions Refunded, Deferred or Transferred  |      | *Deferred / Refunded / Transferred<br>(*delete as appropriate) |              |  |  |
| Do you wish us to investigate a transfer of your pension rights to the Bromley pension scheme? (*delete as applicable)   |      | *Yes / No<br>(*delete as applicable)                           |              |  |  |
| I authorise my previous pension scheme administrators to release information about my previous pension rights to Liberata UK Ltd who administer the scheme on behalf of The London Borough of Bromley. |      |  |              |  |  |
| Signature:   |      | Da   | ite:         |  |  |
| Print Name:  |      |  |              |  |  |
| National Insurance number Dat  |      |  | ate of birth |  |  |
| Home Address:  |      |  |              |  |  |

### Liberata, PO BOX 1339, Bromley BR1 9HR Please now turn page and complete the Death Grant Nomination form in Section 4.

## **SECTION FOUR**

### **Death Grant Expression of Wish**

If a member of the Local Government Pension Scheme dies in service a lump sum death grant of 3 years' pensionable pay becomes payable from the pension fund. The amount of the Death Grant is governed by the Scheme rules, but the Council has discretion in deciding who receives the money. The Council may pay the money in one sum or split it among a number of beneficiaries. The term "beneficiaries" includes a spouse, children, dependants, relatives, personal representatives or beneficiary you have nominated.

You may nominate any person, whether or not they are related to you or are financially dependent on you. You may also nominate an unincorporated or incorporated body, a charity, a club or a society if you wish. If any of the beneficiaries that you nominate is under 18, you should indicate what you wish to be done with the money prior to the child reaching age 18, preferably by nominating someone to open a trustee account on behalf of the child.

In the event of your death, the Council will have regard to your wishes but is not bound by your nomination if it is of the opinion that payment of the death grant to the nominated beneficiary is not reasonably practicable or proper in the circumstance. It is important that you review your nomination regularly and complete a new Expression of Wish Form, which can be obtained from the Pensions Team, if your circumstances change.

If you wish to nominate a beneficiary or beneficiaries please provide the details below. If you wish to nominate more than two beneficiaries please provide details on a separate sheet.

| 1.                            |                               |
|-------------------------------|-------------------------------|
| Full Name:                    | Date of Birth:                |
|                               |                               |
| Relationship (if applicable): | Proportion of Death Grant %*: |
|                               |                               |
| Address:                      |                               |
|                               |                               |
|                               |                               |

| 2.                            |                               |
|-------------------------------|-------------------------------|
| Full Name:                    | Date of Birth:                |
|                               |                               |
| Relationship (if applicable): | Proportion of Death Grant %*: |
|                               |                               |
| Address:                      |                               |
|                               |                               |
|                               |                               |
|                               |                               |

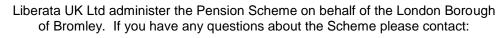
#### \* The total of these must equal 100%

I understand that:

- This notice may be cancelled or varied in writing at any time
- The administrators are not bound by the notice and may disregard it in certain circumstances

| Signature of Scheme Member: | Date: |  |
|-----------------------------|-------|--|
|                             |       |  |

# Once completed, please return this form to: Liberata Pensions, P.O. Box 1339, Bromley BR1 9HR



Bromley Pensions Team Tel : 020 8603 3429 Email : pensions@bromley.gov.uk

