Warwickshire Pension Fund Local Government Pension Scheme Membership Form Please complete in **BLOCK** capitals and **black** ink.

Section 1 - Your personal details This section needs to be completed in full in all cases.

Surname	Title		
Name	National Insurance No.		
Gender	Date of birth		
Address			
Postcode	Tel No		
Email addre	SS		
The employ	ment details required below are for the post you have been appointed to		
Employer	Payroll Ref		
Post/Job	Date commenced		
Your Pour Pour Pour Pour Pour Pour Pour P	2 - Pension Scheme election ension Scheme is a valuable part of your pay package lecide to opt out of the scheme you must complete an opt out form. This form can be on our website or alternatively contact our office. wish to join the 50/50 section of the Local Government Pension Scheme you ed to complete an additional separate election form to do this. This form can be found on our website or alternatively contact our office.		
Please t	ick		
	I wish to become/remain a member of the Local Government Pension Scheme (please provide information requested overleaf).		
Please	remember to sign and date this form.		
Signed			
Date			
ı	Please complete and return to: Warwickshire Pension Fund, Shire Hall, Warwick,		

Warwickshire, CV34 4RL



Section 3 - Marital status				
I am single	I am a widow/widower	Date		
I am married Date	I am divorced	Date		
I am civilly registered Date	I am separated	Date		
I am cohabiting with my partner and have beer	n for at least 2 years			
A copy of your birth certificate should be sent with this form. If you are married or civilly registered please also enclose a copy of your marriage/civil registration certificate. If the certificates are not readily available, please do not delay the return of this form.				
Copy of my birth certificate is attached Copy of my marriage certificate is attached Copy of my civil registration certificate is attached				
Section 4 – Previous Public Sector Service If you have previously worked for any other Local Government public service we need to know about it as this can affect your pension with us. Please list any employments that you have had in public service below for example NHS, TPS.				
Please do not include any previous employment you have with Warwickshire County Council				
Employer	Date From	To		
Employer	Date From	То		
Employer	Date From	To		
Please continue on	separate page if necessa	ary		
If you want to consider transferring this service to us, please complete Section 5.				
I certify that this is an accurate a	ccount of my previous publ	ic sector service		
Signed	Date			

Section 5 - Previous pension rights

It may be possible to transfer your previous pension rights to the Local Government Pension Scheme. Please provide details of all previous pension scheme membership, including public service, occupational, personal or any other pension arrangement. (please use a continuation sheet if necessary). If you would like Warwickshire Pension Fund to enquire about the possibility of a transfer, please sign the authorisation overleaf and attach copies of any relevant documents from your previous scheme(s).

Authorisation at this stage is for quotations only. No transfer will be completed without your final authorisation.

An application to transfer pension rights will not normally be accepted if made more than 12 months after joining the Local Government Pension Scheme

*Name of Employer or personal pension provider				
*Name and address of previous scheme or personal pension plan				
*Policy Number				
Date commencedDate ceased				
When you left did you: Take a refund? Draw a pension? Transfer benefits? Defer benefits?				
*Name of Employer or personal pension provider				
*Name and address of previous scheme or personal pension plan				
*Policy Number				
Date commencedDate ceased				
When you left did you: Take a refund? Draw a pension? Transfer benefits? Defer benefits?				
*Name of Employer or personal pension provider *Name and address of previous scheme or personal pension plan				
*Policy Number				
Date commencedDate ceased				
When you left did you: Take a refund? Draw a pension? Transfer benefits? Defer benefits?				
*Full details must be provided, if you have more than three pensions schemes please use a continuation sheet				
I authorise the administrator of Warwickshire County Council Local Government Pension Scheme, to approach my previous pension scheme(s), requesting information that is relevant to the possible transfer of my pension benefits.				
Signed Date				
Print Name				
Address				

Section 6 - Additional Pension Benefits already purchased		
It is important that we know if you have previously paid Additional Voluntary Contributions (AVCs) Additional Regular Contributions (ARCs) or have increased your previous pension benefits by purchasing added years.		
Please tick if you have ever paid extra contributions (in any of the following arrangements)		
Paying Additional Regular Contributions (ARCs)		
In-house Additional Voluntary Contributions (AVCs)		
Free standing Additional Voluntary Contributions (FSAVCs)		
Paying into a current additional years contract with the LGPS		

Section 7 – Increasing Pension Benefit

If you would like more information on purchasing Additional Pension Contributions (APCs) or Additional Voluntary Contributions (AVCs) then please visit our website for more information https://www.warwickshirepensionfund.org.uk

How to contact us

Please return your completed form to the address below. On completion of your pension record we will issue you with a membership certificate and details of where to find the Scheme Guide.

If in the meantime you require any further information please contact our office:

Email: pensions@warwickshire.gov.uk

Website: https://www.warwickshirepensionfund.org.uk

Telephone: 01926 412682

Please return your completed form to:

Warwickshire Pension Fund Shire Hall Warwick CV34 4RL

How your information may be used

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy. We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

Please let us know when any of your contact details change especially change of address.

You have the right to know what information we hold about you and we try to make sure it is correct. If you would like further information visit our website: https://www.warwickshirepensionfund.org.uk/resources