

Opting in Form

Notice to OPT IN to Pension Saving's

Personal Details			
Title:		Full Name:	
Home Address:			
			Post Code:
NI Number:		Date of Birth:	
Employer:			
Pay Reference No.:		Post No.:	
Job Title:			

Declaration			
I wish to enjoy the benefits of the Local Government Pension Scheme and elect to become a member.			
Signature:		Date:	

Please return this form to your Employer

To be Completed by Employing Department			
I certify that the above details have been noted and that pension contributions have been deducted from the above employees pay with effect from :			
Pay Period:		Date:	
Signed:		Date:	
Contact Name:		Contact No:	

