PLEASE RETURN THIS FORM LOCAL GOVERNMENT PENSION SCHEME (LGPS) TO YOUR EMPLOYER (Not to Norfolk Pension Fund) Membership Form Norfolk Pension Fund his form should be submitted via i-Connect (NCC send to PenDocs) Employers not yet onboarded, post paper copy to: Norfolk Pension Fund, County Hall, Martineau Lane, NORWICH. NR1 2DH It's important you complete this form as carefully and as fully as possible so we know about anything that might affect your pension rights • Complete this form if your employer has automatically enrolled you into the LGPS - even if you've recently been a member in another job, or • If you're currently employed, not a member of the scheme but want to join, tick this box to "opt in". Make sure you return this form to your Opt in employer/payroll/HR team so they can start deducting pension contributions Section A – Personal Details Surname Title **Forenames** Previous Surname(s) Partnership Date of partnership status Status **NI Number** Date of Birth Telephone Email Address We need to see either your Birth Certificate or Passport to verify your date of birth. Please provide a photocopy and tick the box to confirm its provided with this form. Home Address Postcode

| Section B – Job Details | | | | | |
|-------------------------|----------------------------|--|--|--|--|
| Employer | | | | | |
| Job Title (| | | | | |
| Hours per Week | Payroll / Assignment No | | | | |
| Date Started Job | | | | | |

SECTION C – Details of all previous employments where you did or could have joined the LGPS Leave out casual or short-term jobs unless you were a member of the LGPS

| | Member LGPS Administering | | Dates of Service | | Were Benefits? (Tick as appropriate) | | | |
|------------------|---------------------------|-----------|------------------|----|--------------------------------------|----------|--------------------|--------------------------|
| Name of Employer | of LGPS | Authority | From | То | Preserved | Refunded | Transferred Out | In Payment as Pension |
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It might be possible to transfer previous LGPS pension rights if they are preserved in another LGPS fund. You must let us know about them by completing the section above. Please provide copies of any documents given to you by your former administering authority. Failure to do so may affect the pension payable to you or your dependents in the future.

If you have previous LGPS pension rights within the Norfolk Pension Fund we will contact you with your options.

If you have pension rights in pension schemes other than the LGPS and would like us to investigate the possibility of transferring those rights to the Norfolk Pension Fund please complete form SR96 (one for each scheme/plan) and attach to this form. You must opt for a transfer of pension rights within 12 months of joining (or re-joining the LGPS) unless your employer allows a longer period.

| SECTION D – Declaration | SECTION E – Employer Use | | | |
|--|---|--|--|--|
| To the best of my knowledge and belief, the details on this form are correct. Wet signature if paper copy otherwise input your email address in the 'Signed' box: | If Opt In Box ticked enter date contributions began: | | | |
| Signed | Inits Date | | | |
| Please remember to provide a photocopy of your Birth Certificate or Passport to verify your date of birth. | Name | | | |

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