PLEASE RETURN THIS FORM TO YOUR EMPLOYER (Not to Norfolk Pension Fund)

LOCAL GOVERNMENT PENSION SCHEME (LGPS)

Membership Form

This 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 employer/payroll/HR team so they can start deducting pension contributions

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|--|---------------------------------------|--|
| Section A - | Personal Details | |
| Surname | Title | |
| Forenames | | |
| Previous Surname(s) | | |
| Partnership Status | Date of partnership status | |
| NI Number | Date of Birth | |
| Telephone | Email Address | |
| We need to see either your Birth Certificate, Driving Licence or Passport to verify your date of birth. Please provide a photocopy and tick the box to confirm it's provided with this form. | | |
| Home Address | D anta a da | |
| | 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 **Dates of Service** Were Benefits? (Tick as appropriate) LGPS Administering Name of Employer of Transferred In Payment Authority From To Preserved Refunded **LGPS** Out as Pension 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 dependants 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 | | | |
|--|--|--|--|
| 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: | | | |
| Signed | | | |
| Please remember to provide a photocopy of your Birth Certificate, Driving Licence or Passport to verify | | | |

your date of birth.

| SECTION E – Employer Use | | | |
|---|--|--|--|
| If Opt In Box ticked enter date contributions began: | | | |
| | | | |
| Inits Date | | | |
| Name | | | |

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