The Local Government Pension Scheme Pension membership form



Please ensure that you complete all details below as requested to ensure that your membership is processed as efficiently as possible. If you have any questions, please feel free to contact us via the correspondence at the base of this form, otherwise please pass the completed form to your HR Frontline / Payroll department.

First names:						Surna	me:				
Title:	Mr		Mrs		Miss		Ms		Other		
Any previous name	es, including n	naiden nam	ie:								
Partnership statu	s: Single	Married / partnersh			orced / Di nership	issolved		Widow(er)) / Survivino	Cohabitii	ng 🔲
Please enclose ph - Birth certificate - Marriage certifi		f the follov - Partner - Civil pa	's birth o	certifica	te				ay the pay		its:
NI Number:							D	ate of birt	th:		
Address:											
								ost code:			
] .				
E-mail address:							T	el No:			
Employing author	ority:										
Employed as (job	title):										
Employment star	rt date:										
Contracted week	sly hours:				Co	ontracte	ed wee	eks per ye	ar:		
If you hold more than one job with the authority specified above, please provide full details of the other position including; job description, employment start date, current contracted weekly hours.											
Do you have previous local government service? If so, please see 'Part A' overleaf.											
Do you have pen	sion rights el	lsewhere?	If so plea	ase see	'Part B'	overleaf	•				
Signed:								D	ate:		

Declaration of previous pension rights

Please use Part A and / or Part B to inform us of any previous pension rights that you have accrued.

If you have previous public sector pension rights, it is essential that these are listed below even if you do not wish to transfer them in, as this could positively affect your LGPS pension.

Part A - Previous Local Government service

Previous Local Government employer	Service From	То	Type of award + Policy number E.g. refund, transfer, preserved benefit, retirement							
If you were paying additional contributions please tick the appropriate box;										
Freestanding AVC Additional years Scheme AVC 2/80ths increas			gular Contributions (ARC)							
Part B - Other previous pension rights (Non Local Government)										
Employer or personal pension provider + address	Service From	То	Type of award + Policy number E.g. refund, transfer, preserved benefit, retirement							
If you would like to be sent information about the possibility of transferring your previous pension rights into Dorset County Pension Fund, please tick the box below and we will send you a Transfer Information Booklet.										
The option to transfer service in must be made within 12 months of joining the Scheme.										
I would like to investigate the possibility of transferring previous pension rights (please tick this box).										
I confirm that I have disclosed my previous pension rights to the best of my knowledge.										
Signed:			Date:							
Online access to your pension record										
Using My Pension, the Dorset County Pension your pension record online and update your pe										

Pension at https://mypension.dorsetcouncil.gov.uk/

Using My Pension you can keep your Expression of Wish for any lump sum payment made in the event of your death updated. It is important to update your Expression of Wish should your personal circumstances change. Please note that the Dorset County Pension Fund retains absolute discretion with regards to the distribution of the benefits.