

MY PENSION CHOICE - COUNCILLORS

Section A - (please complete in all cases and return to the address on the back of this form)

SURNAME: MAIDEN NAME:

FIRST NAME(S) TITLE (Mr/Mrs/Miss/Ms)

HOME ADDRESS:

DATE OF BIRTH: NI NUMBER

(verified: initials of checker)

Section B (to be completed in all cases) (Tick)

YES I wish to join the Local Government Pension Scheme

NO After careful consideration I do not wish to become a member of the Local Government Pension Scheme

Signature Date

Points to Note:

You cannot join the LGPS if you are over age 75

If you wish to join the Pension Scheme please also complete Sections C and D and send your birth certificate/driving licence/passport in order that we can verify your date of birth.

Section C If you have any previous pension rights please provide the details below:-

Name and Address of Pension Provider and Identity Number (if known) and Job Title	Type of Scheme (e.g. LGPS, Personal Pension Plan, Employers Scheme, FSAVCS)	Period of Service		Were contributions refunded or transferred, please state
		From	To	

Please attach details of any other relevant information on a separate sheet.

I wish to consider the possibility of transferring my pension benefits to the Local Government Pension Scheme administered by Scottish Borders Council. I, therefore, **authorise details of the transfer value** available to be released to the administrators of the Scottish Borders Council Pension Fund.

Signature: **Date:**

Do you contribute to an Additional Voluntary Contribution(AVC) Scheme? **YES/NO**

If **YES** Name of Scheme