

## LGPS: Opt-In Form

Please complete all sections of the form

PERSONAL DETAILS	
Surname	
Forename(s)	
Marital Status	
Date of Birth	
National Insurance Number	
Email Address	
Postal Address	

DETAILS OF EMPLOYMENT	
Employing Authority/Body	
Payroll reference	
Post title	
Department	
Start date	

**Please note:**

- As part of joining the Scheme, you need to complete and send to us a member starter form.
- Income Tax deductions from your pay will be lower as a consequence of paying pension contributions (subject to your earnings exceeding the personal allowance)

I understand the notes above and wish to elect to join the Local Government Pension Scheme.

VERIFICATION	
Signature:	Date:

**Please return this form to your employer's Payroll section**