

PENSION STARTER AND SERVICE HISTORY FORM



YOUR PERSONAL DETAILS								
Full Name					Title			
Home Address				Tel No				
				Home				
				Mobile				
				Personal email				
Date of Birth				Ni No				
Marital Status								
Single		Married		Civil Partnership		Divorced		Widowed
Dissolved Civil Partnership			Nominated Co-Habiting partner (Form available for completion to provide us additional details)					
Employing Dept (i.e. District or Dept)							Pay No	
I confirm the above information is correct								
Signed				Dated				

TRANSFERRING/COMBINING OF BENEFITS – PREVIOUS LGPS MEMBERSHIP

If you have previously been a member of the LGPS, including any membership with the Gloucestershire Pension Fund, please enter the details below and your decision on whether you would like to combine your scheme benefits (**sign declaration overleaf**).

Note i: If the accrual (build up) of your previous pension ended before 1 April 2014, we will only combine your benefits if you elect to do so within 12 months of beginning your new employment (or if you leave that employment). In all other cases, we will combine benefits automatically unless you indicate below your decision to keep the benefits separate.

Note ii: It is only possible to combine benefits where you have left the relevant employment and where you are not in receipt of those pension benefits already (i.e. you are receiving pension payments).

LGPS Pension Fund name	Name of Employer	Date From	Date To	Combine? (Yes or No)

TRANSFERRING OF BENEFITS - NON LGPS MEMBERSHIP/PREVIOUS PSP MEMBERSHIP

If you have previously been a member of **any other Pension Scheme**, do you wish the possibility of transfer to the Gloucestershire Pension Fund to be investigated?

If YES, please enter details of all previous benefits that you may wish to transfer in the box below or alternatively attach full details and sign the declaration below. If you are interested in transferring from a Money Purchase Scheme, (i.e. Personal Pension, Group personal Pension, Section 32 Contract), please ensure that full details of your Policy No. and Providers address is supplied. A transfer of benefits will not be finalised without your written consent, until after you have received details of the potential benefits the transfer would purchase in the Local Government Pension Scheme.

If you have previously been a member of a **Public Service Pension Scheme**, we need to know the dates of service (even if you do not want this service to be transferred) as this may effect your future benefits. Please indicate this service in the table below and indicate in the detail column if you do not want this transfer investigated.

Please note that an election to transfer benefits must be made within 12 months of joining the Scheme.

FULL Name and Address of Employer / Pension Provider	From	To	Scheme reference/Policy number	Detail

Declaration: I declare I wish for all decisions on combining of benefits be taken as indicated and for any transfers of benefits to be investigated (where indicated above)

Signed

Dated

Please either upload this form to the member portal once registered or return to the email/postal address below.