



Norfolk Pension Fund

- It's important that you complete this form as carefully and as fully as possible so that 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

Opt in

Section A – Personal Details

Surname

Title

Forenames

Previous Surname(s)

Partnership Status

Date of partnership status

NI Number

Home Address

Postcode

Gender

Date of Birth

Section B – Job Details

Employer

Department / workplace

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

Name of Employer	Member of LGPS	LGPS Administering Authority	Dates of Service		Were Benefits? (Tick as appropriate)			
			From	To	Preserved	Refunded	Transferred Out	In Payment 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 and Enclosures

To the best of my knowledge and belief, the details on this form are correct.
If you are completing this form electronically insert your email address in the "Signed" box:

Signed Date

We need to see a copy of your Birth Certificate or Passport.
 Please indicate whether you are sending a copy with this form:

SECTION E – Employer Use

If Opt In Box ticked enter date contributions began:

 Inits Date
 Name

PLEASE RETURN THIS FORM TO YOUR EMPLOYER

Employers will register the form and forward it to Norfolk Pension Fund