

LB of Barking & Dagenham
LOCAL GOVERNMENT PENSION SCHEME
 Barking Town Hall, 1 Town Square, Barking, IG11 7LU
 email: pensions@lbbd.gov.uk
 Web: www.lbbdpensionfund.org

PENSION SCHEME MEMBERSHIP FORM (non teaching staff)

PART A - Personal Details

Surname		Title	* Delete or amend as appropriate *Mr/Mrs/Miss/Ms/Dr
Forenames		Marital Status	* Single / Married / Divorced / Civil Partner / Widow (er) / Cohabiting
NI Number		Date of Birth	
Date Started Job		Pay Number (if known)	
Job Title		Department	
Home Address	_____ _____ post code _____		

Please sign the box below if you wish to opt into the LGPS

YES	I wish to be a member of the Local Government Pension Scheme
	Signed Date

Please note that under the Data Protection Act 1998; personal information contained on this form will be held on computer files and/or relevant filing systems for the purpose of administering the Local Government Pension Scheme. This information will only be shared with third parties for the purpose of providing the appropriate service or meeting legislative requirements. In particular information will if requested be shared in connection with the National Fraud Initiative.

Details of Previous Pensionable Service

Under the LGPS Regulations you must notify us of any other pension benefits you hold in the LGPS. Please provide the details below.

Also, if you have any other pension plans that you wish to consider transferring into this scheme, please enter the details below.

Please note that the right to transfer of pension rights into the LGPS is only valid for 12 months from the date you joined this scheme.

Name and address of previous pension scheme provider or administrator	Name of pension scheme and policy/ reference number	Dates of employment or policy held		Are your pension benefits still held with this provider?		Do you wish to investigate a transfer of this pension?
		From	To	Please tick as appropriate Yes No		

I authorise the administrators of the schemes listed, to release details of my pension entitlements to LB of Barking & Dagenham.

Name.....

NI No.....

DOB.....

Home Address

.....

Signed.....

Date.....

Please return completed form to:

Pensions Section, LB of Barking & Dagenham
Barking Town Hall, 1 Town Square, Barking IG11 7LU