

Date of Death of Spouse (if applicable)

Local Government Pension Scheme Regulations 2018 NEW ENTRANT FORM

As a new member of staff you can join the Local Government Pension Scheme (LGPS). The scheme is a nationwide statutory funded scheme for local government employees and is very safe and secure. The scheme is administered locally by Shetland Islands Council Pension Fund.

If you have a contract we will start to deduct pension contributions from your pensionable pay automatically. However, it is important to complete this form to tell us the correct relevant information with regards to becoming a member of LGPS.

If you are a casual employee, you can opt to join the scheme by completing this application form.

If you have previously opted out of the scheme you can rejoin and be a member of the scheme until the eve of your 75th birthday.

| SECTION A | |
|---|---------------------------------------|
| *National Insurance No | *Date of Birth |
| *Title (Mr/Ms/Mrs/Miss etc.) | *First Name(s) |
| *Surname | Previous Surname (if applicable) |
| Marital Status (single / married / widow(er)/ divorced* / separated / registered civil partner* (If divorced / dissolved civil partnership please insert date in Section B) | rship / dissolved civil partnership*) |
| *Address | Sex MALE / FEMALE |
| | *Post Code |
| *Job Title | *Date Employment Commenced: |
| *Employer | *Service Employed |
| SECTION B | |
| Spouse or Civil Partner's Surname | First Name(s) |
| Spouse or Civil Partner's Date of Birth | |
| Date of Marriage or Civil Partnership | |
| *Date of Divorce / Dissolved Civil Partnership(if applicable) | |



Previous Local Government Pension Scheme (LGPS) Membership in Scotland

| Do you have previous LGPS Membership within Scotland? | | |
|---|--|---|
| No | | If NO, proceed to Section D |
| Yes | | If YES please complete the table below, then proceed to Section D |

You **must** declare **all** your previous periods of LGPS (Scotland) membership in the box below and state clearly whether the pension rights were **refunded**, **deferred**, **transferred** to another scheme, or that you **are in receipt of pension payments**.

| Previous Scottish Pension Scheme Administering Authority | Period of membership | Are your pension benefits deferred? | Are you in receipt of this pension? | I wish to investigate a transfer to the LGPS (Scotland) |
|---|-------------------------|-------------------------------------|-------------------------------------|---|
| | (Give Dates) | Yes/No | Yes/No | Yes/No |
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NOTE: Where you have previously received a refund of benefits or transferred your benefits to another pension provider, please confirm here.

NOTE: It is **important** that you tell us about any **previous Scottish Pension Rights** you hold, as this may affect your entitlement under the LGPS (continue on a separate sheet if necessary). If you have deferred benefits we require to contact your previous Pension Scheme Administrators to request membership details. If you have a deferred refund (i.e. less than 2 years membership), it must be aggregated upon re-joining the LGPS (Scotland).

An election to transfer must be received within 12 months of re-joining the LGPS (Scotland).

SECTION D

Details of other Public Service Pension Scheme Rights (including LGPS membership in England/Wales/Northern Ireland)

| Do you have previous Public Service Pension Scheme Rights? | | |
|--|--|---|
| No | | If NO, proceed to Section E |
| Yes | | If YES please complete the table below, then proceed to Section E |

You **must** declare all your previous periods of **PUBLIC SERVICE PENSION SCHEME MEMBERSHIP** in the box below and state clearly whether the pension rights were **refunded**, **deferred**, **transferred** to another scheme, or that you are **in receipt of pension payments**.

A **PUBLIC SERVICE PENSION SCHEME** includes a pension scheme covering Civil Servants, Teachers, Health Service workers, Police & Fire workers, Local Government workers in England, Wales and Northern Ireland, the judiciary, the armed forces, etc.

| Name & Address of Employer/Pension Scheme Administrator, including Policy Number (if applicable) | Period of membership (Give Dates) | Are your pension benefits deferred? | Are you in receipt of this pension? | I wish to investigate a transfer to the LGPS (Scotland) |
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NOTE: Where you have previously received a refund of benefits or transferred your benefits to another pension provider, please confirm here.

NOTE: Provided you do **not** have a break in membership of **MORE THAN 5 YEARS** from any **PUBLIC SERVICE PENSION SCHEME**, should you elect to transfer, your final salary pension benefits will be linked to your new pension account and will be calculated on your final salary in your new employment when you leave.

An election to transfer **must** be received within **12 months** of joining the LGPS (Scotland), a transfer credit will **not** be accepted after this date.



Details of Other Pension Scheme Rights

Please provide details below of any past employer's pension scheme (not listed above) or personal pensions which you may be interested in transferring to the Local Government Pension Scheme (Scotland).

| Name & Address of Pension Provider & Relevant Policy Number(s) | Period of membership (Give Dates) | Are your pension benefits deferred? Yes/No | Are you in receipt of this pension? Yes/No | I wish to investigate a transfer to the LGPS (Scotland) |
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TRANSFERRING OTHER PENSION RIGHTS

An election to transfer **must** be received within **12 months** of joining the LGPS (Scotland), a transfer credit will **not** be accepted after this date.

If you are interested in transferring any of your previous benefits to the LGPS (Scotland) please confirm this above. Upon receipt of this information the Pensions Section will issue you with the relevant form to complete so that they can obtain a transfer value from your previous pension provider(s). It is important to obtain a transfer value quotation as early as possible. A transfer of pension benefits will not proceed without your written consent.

SECTION F

| SECTION F | | | | |
|---|--|--|--|--|
| Details of Additional Voluntary Contributions (AVCs) | | | | |
| Did you contribute to an Additional Voluntary Contrib | utions Scheme? If "Yes" please give details. | | | |
| Yes Name of Provider: | | | | |
| No | | | | |
| SECTION G | | | | |
| I confirm that the above information is true a | and to the best of my knowledge correct. | | | |
| Signature | Date | | | |