

Please complete this form to request a transfer of previous pension benefits into your new Local Government Pension Scheme (LGPS).

Please include any previous employers where you have been a member of a pension scheme – including Personal Pension Plans or Stakeholder pensions. There's no need to include details of pensions that have been refunded, simply write 'none.'

Any request to transfer your other pensions into the LGPS must be made within **12 months** of joining, unless permission is given by your employer.

1 Your personal details

Titles		First Name(s)		Address:
Surname				
Date of Birth				
Telephone		Mobile		
Email				
NI Number				Postcode:
Name of your Employer				

2 Current marital status

Tick ONE of the boxes below to confirm your current marital status	Certificate required	Tick to confirm you have enclosed your certificate
Single	N/A	N/A
Widow/Widower	N/A	N/A
Cohabiting Partner	N/A	N/A
Married	Yes	
Civil Partnership	Yes	
Divorced/Dissolved	Yes	

Please attach an original copy of your birth certificate and original copies of any other certificates or documents concerning your marital status.

I authorise LPPA to obtain further information, regarding my other pensions with a view to a possible transfer. I also understand that once a transfer has been credited, I am no longer entitled to a refund of pension benefits.

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Previous employer / pension providers details

All information provided in connection with scheme membership will be processed and stored in accordance with the requirements of the Data Protection Act 2018.

Please note: If you have had a previous pension membership with the fund, where you left prior to 1 April 2014, you will need to include this information on the form, if you wish us to look into transferring your pension.

Contact Name and Address for Previous Employer's Pension Arrangements or your Personal Pension Provider	Period of employment / contribution		Place of employment
	From	To	

Please Note: If you are in receipt of a Local Government Pension, you are required to notify the authority paying it that you have taken up further employment.

Have you opted to pay additional contributions? (LGPS added years, inhouse AVCs, SCAVCs, FSAVCs, APCs, ARCs or ASBCs). If **YES** please give the Name, address and Policy/reference number of the provider.

YES NO

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Signed:	Date:
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Please return this form to **LPPA, PO Box 1382, PRESTON, PR2 0WQ**, along with **clear photocopies** of any required certificates or additional information.

Alternatively, you can upload forms and documents via the Contact Us page of www.lppapensions.co.uk