

Application to Join the Scheme

Information for the Local Government Pension Scheme (LGPS) Fund Administrators

PLEASE RETURN THIS FORM BACK TO YOUR EMPLOYER OR PAYROLL DEPARTMENT

The West Midlands Pension Fund are unable to process an application form, in the event of an application form being received it will be returned to the home address provided.

This form is to be completed by employees who are eligible and wish to join the LGPS and are not already a member of the scheme for the period of employment to which this application applies to, or you have recently become a member of the LGPS and your employer will automatically start to deduct pension contributions from your pensionable pay.

Please complete this form with your relevant details.

For more information about the LGPS and joining the scheme, please visit our website at www.wmpfonline.com/members/joining-the-scheme or view our short video at www.wmpfonline.com/members/joining-the-scheme/about-your-scheme

Remember to tell us if your personal details change (including your email address) as these are used to notify you of your annual benefit statement and other important information. Once you have received your membership certificate which will include a Personal Identification Code, you can update your personal information by registering for a Pension Portal account at www.wmpfonline.com/pension-portal

Your Personal Details

Surname	<input type="text"/>											
First name(s)	<input type="text"/>											
Previous names	<input type="text"/>											
Home address	<input type="text"/>											
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone number (home)	<input type="text"/>			
Telephone number (mobile)	<input type="text"/>											
Email	<input type="text"/>											
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="text"/>			Other (please specify)					
Marital status	<input type="text"/>											
Payroll number (if known):	<input type="text"/>					National insurance no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of employer	<input type="text"/>											
Occupation	<input type="text"/>											
Do you have any other form of local government employment?									Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details	<input type="text"/>											

Please ensure that you complete the reverse of this form and return to your employer.



Previous Pension Rights

Previous schemes/plan names/ LGPS funds Please provide details of the administrators and your employer if different	Type of scheme For example: LGPS, personal pension plan, employers' scheme, FSAVC plan	Period of membership Give dates	Are you in receipt of this pension? Yes/No	Were contributions refunded or transferred? If transferred, please state to where
		From:		
		To:		
		From:		
		To:		
		From:		
		To:		

Note: It is important that you tell us about any previous pension rights you hold, as they may affect your entitlement under the LGPS (continue on a separate sheet, if necessary).

If you were previously a member of the LGPS, were you making any additional contributions? If yes, please state type (e.g. Additional Pension Contributions (APC), Additional Regular Contributions (ARC), Additional Voluntary Contributions (AVC), purchase of membership).

Transferring Your Previous Pension Rights (including any previous LGPS pension rights)

An option to transfer into the scheme must be made within 12 months of joining the LGPS (this can be extended if your employer allows). This is an employer discretion and you may wish to ask your employer what their policy is on this.

If you wish to consider a transfer of any previous pension rights, you must complete a separate transfer form which is available from the Fund. Alternatively, please tick the box below and a form will be sent to you on receipt of documentation from your employer. We will automatically provide you with your transfer option if you have previous LGPS benefits.

For more information regarding transferring benefits into the LGPS, please click the link www.wmpfonline.com/members/transferring-pension

If you have previous pension rights, please tick the relevant box regarding transferring them.

I wish to investigate the possibility of transferring my benefits to the LGPS. Please send me a transfer form.

I do not wish to investigate the possibility of transferring my benefits to the LGPS.

Signed

Date

Print name

Our Service To You

We understand that you may have questions about your pension. Our dedicated Customer Services Team are available to support you at each stage of your retirement journey. Please see the contact details below:

- Phone: **0300 111 1665**
- Email form: www.wmpfonline.com/contactus
- Written requests to **West Midlands Pension Fund, PO Box 3948, Wolverhampton, WV1 1XP**

Alternatively, you may find the answer to your question at www.wmpfonline.com/members/joining-the-scheme

We are always looking to improve the service we provide. If you would like to share your experience with us, please visit www.wmpfonline.com/about-us/engage-with-us

Did you know you can update all of your information by registering to use our Pension Portal? Please visit www.wmpfonline.com/pension-portal for more information.

Data Protection

By completing this form, you understand that the information given will be collected, processed and stored, in accordance with relevant data protection legislation. The West Midlands Pension Fund (the Fund) as a data controller, employs strict security measures that protect your personal data. Further information on how the Fund manages your personal data is available on our website www.wmpfonline.com/about-us/governance/privacy-notice. The Fund's Data Protection Officer can be contacted via email at wmpfdataprotectionofficer@wolverhampton.gov.uk

For employer use only Pension reference number

Please ensure that you complete the reverse of this form and return to your employer.