

# FALKIRK COUNCIL

## LOCAL GOVERNMENT PENSION SCHEME (LGPS)

### Councillor Members - Request for Details of Previous Pension Rights

This form **must** be completed and returned by all Councillor Members.

**Personal Information**

<b>Name</b> _____	<b>Date of Birth</b> _____
<b>Address</b> _____	<b>NI Number</b> _____
_____	<b>Employer</b> _____
_____	<b>Department</b> _____
_____	<b>Job Title</b> _____
<b>Daytime Phone No.</b> _____	<b>Marital Status</b> _____

**If Married, please give Spouse's Name** \_\_\_\_\_

**If in a Civil Partnership, please give Partner's Name** \_\_\_\_\_

If you wish to transfer existing pension rights (i.e. not LGPS rights) to Falkirk Council, you **MUST** apply within 12 months of joining or rejoining the Scheme

**No Previous Pension Rights**

If you have no previous pension rights, simply sign this form at the foot of the page and return it to the address stated.

**Previous Pension Rights**

If you already have pension rights, then please give full details overleaf. These may include occupational pensions, personal pensions, self employed pensions, stakeholder pensions or additional voluntary contributions plans. For avoidance of doubt, you cannot aggregate any previous LGPS rights with current Councillor rights. The exception to this is where the previous LGPS rights are held in the Falkirk Fund and are also Councillor rights.

If you wish to consider transferring any of these rights to Falkirk Council's pension arrangements, then please complete the declaration below; sign the form at the foot of the page; and return the form to the address stated.

***Request to Undertake Transfer Investigations***

*I request that the Pensions Section of Falkirk Council investigates the possibility of transferring my previous pension rights to the Local Government Pension Scheme, and I authorise the administrators of my previous arrangements to release to the Pensions Section of Falkirk Council such information as they request in relation to the transfer evaluation.*

*Signed* \_\_\_\_\_ *Dated* \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Details of all Previous Pension Rights**

	Previous Pension Arrangements (please supply the name of scheme; the employer, the scheme administrators or insurance companies, as appropriate)	Dates of Scheme Membership	
		From	To
1			
2			
3			
4			
5			
6			

**Current Status of Pension Rights**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you in receipt of a pension from any of the above arrangements?<br>_____ (if yes, please state which one(s))  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a contribution refund for any of the above arrangements?<br>_____ (if yes, please state which one(s))  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you still hold pension rights with any of the above arrangements?<br>_____ (if yes, please state which one(s))   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are any of your rights AVC's or FSAVC's (i.e. additional voluntary contributions)<br>_____ (if yes, please state which one(s))  | <input type="checkbox"/> | <input type="checkbox"/> |
| n.b. AVCs/FSAVCs can only be transferred to the Scheme's AVC facility  |                          |                          |
| 5. Do you wish to consider transferring any of your existing rights to Falkirk Council?<br>_____ (if yes, please state which one(s))   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you wish to consider a transfer, please supply the relevant scheme address(es) in the box below. For rights held by Insurance Companies, you should also supply your Policy Number or Numbers. |                          |                          |

	First Scheme Details	Second Scheme Details
Scheme Address		
Policy Nos.		