

FALKIRK COUNCIL

LOCAL GOVERNMENT PENSION SCHEME (LGPS)

Request for Details of Previous Pension Rights

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

Personal Information

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

Home E-mail Address _____

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 to Falkirk Council (including LGPS rights), 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 of these overleaf. They may include occupational pensions, personal pensions, self employed pensions, stakeholder pensions or additional voluntary contributions plans.

If you wish to consider transferring any of your existing rights to the Falkirk Council Pension Fund, 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 _____

**Please return this form to the
Pensions Section, PO Box 14882, Falkirk Council, Municipal Buildings, Falkirk FK1 5ZF**

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?
_____ (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?
_____ (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?
_____ (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)
_____ (if yes, please state which one(s)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you wish to consider transferring any of your existing rights to
Falkirk Council?
_____ (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.		