

FALKIRK COUNCIL PENSION FUND LOCAL GOVERNMENT PENSION SCHEME OPTION TO JOIN

Please complete Sections A and B below.
After completing, please print, sign and pass to your Payroll Section.

SECTION A

Title: _____ First Name: _____ Surname _____

Address: _____

Post Code: _____ Employer: _____

Date of Birth: _____ Department: _____

Payroll No.: _____ NI Number: _____ Marital Status: _____

Email Address: _____

The information provided on this form will be shared by your employer with Falkirk Council so that your rights under the Local Government Pension Scheme can be properly administered. From time to time, Falkirk Council may need to share your information with other bodies, but it will only do so where this is consistent with its statutory duty to administer your rights. Further details are provided in the Pension Fund's Privacy Notice which can be found at www.falkirkpensionfund.org.

SECTION B

I wish to become a member of the Local Government Pension Scheme (LGPS).

(Please note that you will be enrolled in the LGPS with effect from the first day of the first pay period following the date of your election to join the Scheme.)

Signed _____ Date _____

POINTS TO NOTE

1. You **cannot join** the LGPS if your employment entitles you to be a member of another Public Sector Pension Scheme or you are already a member of an occupational pension scheme in your employment.
2. If you are over age 75, you **cannot join** the LGPS.
3. You **can only join** the LGPS if you work for an employer that operates the LGPS.
4. For more information about the LGPS, check out www.falkirkpensionfund.org or call the Pensions Section on 01324 506329. Alternatively, you can discuss your situation with an independent financial adviser.

SECTION C – INSTRUCTIONS FOR EMPLOYER

Please commence deduction of pension contributions at the rate determined in accordance with the statutory guidance issued by SPPA. A copy of the current guidance can be found by following the links About Us – Forms and Publications – Guides at www.falkirkpensionfund.org.

Please attach a copy of this election to Form S1.