FALKIRK COUNCIL PENSION FUND LOCAL GOVERNMENT PENSION SCHEME INFORMATION REQUEST FORM

After completing this form, please print, sign and send it to:

Pensions Section, PO Box 14882, Falkirk Council, Municipal Buildings, Falkirk FK1 5ZF

Alternatively, you can save a copy of the completed form to your computer and then email it to: pensions@falkirk.gov.uk

Please enter y	our details below	:						
Title:	First Name:			Surnai	me:			
Address:								
Post Code:	E	Employer:						
Payroll No.:		Pension Ref. N	No.:			NI No.:		
Details of Sch	eme Benefits							
	at benefit estimate: rch annual return.	s are based or	n the pay	y informat	tion prov	rided by your e	mployer in th	ne most
a) Copy of my mo	st recent Annual Bene	fits Statement	\circ					
b) an estimate of my benefits			\circ	as at age:				
c) an estimate of my ill health benefits as at				as at date:				
Increase Sche	me Benefits							
You can increase your scheme benefits by paying Additional Regular Contributions (ARCs) and/or Additional Voluntary Contributions (AVCs). If you wish to receive information about these ARCs and AVCs then please e-mail pensions@falkirk.gov.uk or write to the Pensions Section at the above address.								
Please send the c	letails to the following	e-mail address:	0					
Please send the c	letails to my home add	lress.	0					
Signed						Date		