**FALKIRK COUNCIL PENSION FUND**

**LOCAL GOVERNMENT PENSION SCHEME (LGPS)**

**APPLICATION FOR ROLE OF PENSIONER REPRESENTATIVE**

If, having read the notes about the role of a pensioner representative you wish to apply for the role, then please download this form; complete it with the information requested; and send it to:

Pensions Section

PO Box 14882

Falkirk Council

Falkirk

FK1 5ZF

Or email it to [pensions@falkirk.gov.uk](mailto:pensions@falkirk.gov.uk).

**My Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | |  |
|  | Title | First Name(s) | | Surname |
| Home Address: |  | | | |
|  |  | | | |
| Telephone Number(s): |  | | |  |
|  | Home | | | Mobile |
| Preferred E-mail address: |  | | | |
| Name of LGPS Employer from which you retired: | | |  | |

Please explain why you consider yourself to be suitable for the role of Pensioner Representative:

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| Please provide your six-digit Pensioner Payroll Number as shown on the letter you received. This will be used to validate your application: |  |