



## The Local Government Pension Scheme

ADMINISTERED BY DUMFRIES AND GALLOWAY COUNCIL

Council Offices, Monreith House, The Crichton, Glencaple Road, Dumfries, DG1 4ZZ  
Telephone(s) 01387 273853/273854/273855

Dear Member,

Welcome to the Local Government Pension Scheme (LGPS). You will **automatically** join the Local Government Pension Scheme (LGPS) from the date of your appointment and your contract is of three months or more, unless you opt out **after** being enrolled into the scheme or reach age 75. This is in accordance with both scheme and Automatic Enrolment regulations. Please find enclosed:

1. Pension Option Form
2. Death Grant Nomination Form
3. Transfer Authority Form

The LGPS guide for employees is available at [www.dumgal.gov.uk/pensions](http://www.dumgal.gov.uk/pensions) It is advisable that you read the guide and then complete the relevant parts of the forms making sure that you sign the certification on each page. If you require a printed copy of the guide, please contact the Pensions Team.

Please return the forms to the Pensions Team without delay together with a **PHOTOCOPY OF YOUR BIRTH CERTIFICATE OR DRIVING LICENCE OR PASSPORT**. If you are unable to arrange a photocopy, then we must make you aware that if you send your original certificate then we cannot accept responsibility for its loss or damage in transit. If your birth-date is not verified, a delay may occur in the calculation and payment of any future benefits to which you may become entitled.

Please note that you are encouraged to disclose details of other pension benefits you have. If you wish to consider transferring other **public sector** pension benefits into the LGPS then you need to complete the Transfer Authority form. Other **public sector** pension benefits will NOT be automatically transferred. A pension transfer is usually only permitted within 12 months of joining the LGPS. We will advise you of the pension credit upon receipt of transfer information and the transfer will only proceed with proper authorisation.

### DATA PROTECTION

The information collected on this form is recorded electronically, stored securely and processed for the purposes of calculating your pension benefits with Dumfries and Galloway Council. Dumfries and Galloway Council will process your information fairly and lawfully and in accordance with the principles of the Data Protection Act.

To maintain the security of any information about you, we are registered under the Data Protection Act. For the purposes of processing your personal information, Dumfries and Galloway Council is the Data Controller. You can check that your computerised personal record is accurate by contacting us.


Our Privacy Notice is available at [www.dumgal.gov.uk](http://www.dumgal.gov.uk)

**MORE INFORMATION**

Further details about the LGPS can be found at [www.dumgal.gov.uk/pensions](http://www.dumgal.gov.uk/pensions) and <http://scotlgps2015.org/>

Please complete and return these forms to:- PRIVATE & CONFIDENTIAL  
Pensions Section  
Dumfries and Galloway Council  
Monreith House  
The Crichton  
Dumfries  
DG1 4ZZ

Yours sincerely



HUMAN RESOURCES MANAGER  
OD, HR & ASSETS

## The Local Government Pension Scheme

### PENSIONS OPTION FORM

**1. Surname** \_\_\_\_\_ **2. Forename** \_\_\_\_\_

**3. Martial Status** (Please tick)

|                 |                          |                           |  |
|-----------------|--------------------------|---------------------------|--|
| Single          | <input type="checkbox"/> | Date of Marriage          |  |
| Married         | <input type="checkbox"/> | Date of Civil Partnership |  |
| Civil Partnered | <input type="checkbox"/> | Date of Divorce           |  |
| Divorced        | <input type="checkbox"/> |                           |  |
| Widowed         | <input type="checkbox"/> |                           |  |
| Co Habiting     | <input type="checkbox"/> |                           |  |

**4. Address**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Date of Birth** \_\_\_\_\_ **6. NI Number** \_\_\_\_\_

**7. Employer** \_\_\_\_\_ **8. Job Title** \_\_\_\_\_

**9. Other pension benefits**

| Name and address of Employer/Personal Pension Provider | Post/Policy Number | From | Period To |
|--------------------------------------------------------|--------------------|------|-----------|
|                                                        |                    |      |           |

**It is important that you complete and return the transfer authority form (enclosed) if you want other pension benefits to be considered for transfer into the LGPS. You only usually have 12 months from joining the scheme to look at transfer.**

**Please return your completed form together with a photocopy of your birth certificate or passport or driving licence to the Pensions Team as soon as possible.**

**Signed** .....

**Date** .....

**Pensions Section Use Only**

|                   |   |                             |   |
|-------------------|---|-----------------------------|---|
| Employee No.      |   | Actual Salary               | £ |
| Contribution rate | % | Start Date LGPS (this post) |   |
| Contractual Hours |   | Scanned to Payroll          |   |
| Contractual Weeks |   | Processed Pensions          |   |

## The Local Government Pension Scheme

### NOMINATION FORM

To: Pensions Section

I understand that in the event of my death the pensions administering authority has complete discretion as to whom any death gratuity payable under the Local Government Pension Scheme may be paid. However, it is my wish that any such payment should be made as follows:-

**Please use block letters**

| Full Name(s)              | Relationship<br>(if any) | Address(es) | Proportions<br>% |
|---------------------------|--------------------------|-------------|------------------|
|                           |                          |             |                  |
|                           |                          |             |                  |
|                           |                          |             |                  |
| <b>Total must be 100%</b> |                          |             |                  |

I understand that the above indication of my wishes will be considered by the administering authority when it exercises its discretion under the Local Government Pension Scheme Regulations, but these wishes are not binding on the administrator.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Job Title: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ENSURE ALL PARTS OF THIS FORM HAVE BEEN FULLY COMPLETED**

## The Local Government Pension Scheme

### TRANSFER AUTHORITY FORM

If you wish to explore transferring a previous **public sector** pension to the LGPS, you must complete this Transfer Authority form to enable us to approach your previous public sector pension scheme. You have a maximum of 1 year from the date of joining the scheme to initiate any possible pension transfer. Only transfers from other **public sector** Schemes can be accepted. [Public Sector Transfer Club members](#). Transfers from personal pension providers, for example Standard Life, Scottish Widows etc. or non-public sector employers such as Stagecoach, Stena Line, Marks & Spencer etc. **will not** be accepted for transfer. (If you have more than one pension that you wish to transfer, then please photocopy this form).

Name: \_\_\_\_\_

NI.No: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

My current marital status is (please tick one box):

Single  Married  Widowed  Divorced  Civil Partnership

**(If you are married or have entered into a civil partnership, then a photocopy of your marriage/civil partnership certificate is required to be submitted with this form).**

Scheme Name: \_\_\_\_\_

Scheme Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Membership/Reference  
Number:

Dates of membership From: \_\_\_\_\_ To: \_\_\_\_\_

**I authorise the scheme above to provide Dumfries and Galloway Council with any information they require.** (Please note that by signing this form you are not committed to proceeding with the transfer)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(This authority will supersede any other authority given)