# **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 election whilst you remain an eligible councillor, unless you opt out <u>after</u> being enrolled into the scheme or you 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 Councillors is available at <a href="www.dumgal.gov.uk/pensions">www.dumgal.gov.uk/pensions</a> 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 wit 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



## **MORE INFORMATION**

Further details about the LGPS can be found at <a href="www.dumgal.gov.uk/pensions">www.dumgal.gov.uk/pensions</a> and <a href="http://scotlgps2015.org/">http://scotlgps2015.org/</a>

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. F	orename		
3. Martial Status (Please tick)	Single Married Civil Partnered  Divorced Widowed Co Habiting	Dat Par	e of Marriage e of Civil tnership e of Divorce		
4. Address					
5. Date of Birth		6. N	II Number		
7. Employer		8. J	ob Title		_
9. Other pension benefits					
Name and address Employer/Personal Pension Provider	of Post/Policy Nu	umber	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 <u>photocopy</u> of your birth certificate or passport or driving licence to the Pensions Team as soon as possible.

Signed	
Councillor Pens	ion Option Form October 2018

Date					
Pensions Section Use Only					
Employee No.		Actual Salary	£		
Contribution rate	9	6 Start Date LGPS (this post)			
Contractual Hours		Scanned to Payroll			
Contractual Weeks		Processed Pensions			
	The Local Go	vernment Pension Scheme			
	NOI	MINATION 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:-					
Full Name(s)	Relationship	Address(es) Proportio			
	(if any)		%		
		Total must be 100%			
authority when it exerci	ses its discretion	my wishes will be considered by under the Local Government Per nding on the administrator.	•		
Name:					
Address:					
Post Code:					
Job Title:					

Councillor Pension Option Form October 2018

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).

-	·	n that you wish to tra			form).
		DOR:			
My current n	narital status is (plea	ase tick one box):			
Single	Married	Widowed	Divorced	Civil Partnership	
` •		tered into a civil par tificate is required t			our/
Scheme Nar	me:				
Scheme Add	dress:				
Your Member Number:	ership/Reference				
Dates of me	mbership	From:	7	Ō:	

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)