## Local Government Pension Scheme (LGPS) Election to join the LGPS



This form is for completion by staff who wish to join the Local Government Pension Scheme administered by the Lambeth Pension Fund.

Surname									Mr/Mrs/	/Miss/Ms	s/Other (	pleas	e spe	ecify)		
Forename(s)									Date of	Birth			ı			
National Insuran		ce No.						Employer								
Home Add	Iress															
Postcode								Daytime Tel. No.								
Email Address		@														
If you have more job(s) in which yo		tails below of the job(s) you hold with your employer in which you wish to elect to join the main section. than one job you can opt to join in one, some or all of the jobs. You should only provide details below of the tu wish to elect to join the LGPS. If you wish to join in more than 8 jobs you will need to complete and return in. If you hold jobs in the LGPS with different employers you will need to complete and return a separate form														
	Job t	itle / Locat	ion					Post/Assig	nment N	lumber						
Job 1																
Job 2																
Job 3																
Job 4																
Job 5																
Job 6																
Job 7																
Job 8																

## **Declaration**

- I have read and understood the information in this form.
- I confirm that I wish to join the LGPS in the job(s) I have indicated on this form.
- I understand that I will be admitted to the LGPS from the next available pay period following receipt of my election.
- I understand that I can opt out of the LGPS at any time.

Signature	Date
Once signed, this form should be sent to your employer's payroll or HR secti	on - <u>not</u> Lambeth Pensions Team.

This form will be used to commence deduction of pension contributions to the Local Government Pension Scheme as per your instructions on this form. The form will be retained as a record of your election to join the Local Government Pension Scheme or, if you hold more than one job with us, as a record of your election to join in the job or jobs you have indicated on the form.

It is important that you fully complete this form. If it is incomplete, or you do not provide sufficient detail for your employer to identify the job(s) in which you wish to join the LGPS, the form will not be accepted as a valid request and will be returned to you for clarification.

For Official Use Only						
Action						
Form received by Employer/HR/Payroll						
Notification sent to payroll / actioned						
Notification of move to main section is	Yes / No	If yes, enter date se	ent / /			
Date of re-commencement in main section	1 1	Main section contribution rate	%			