

WARNING! – Failure to **return this form to your payroll department** could have a major impact on your pension benefits and even result in the loss of previous Local Government Pension Scheme (LGPS) pension rights.

Please note that once you have been a member for 2 years or more, you qualify for pension benefits and a refund of contributions will not be payable.

I enclose a **photocopy** (not originals) of my **birth certificate or passport and marriage certificate**

Note: we require this to enable us to pay your pension benefits.

Surname		Title	
Forenames			
Maiden name		Marital status	
N.I. number		Date of birth	
Home Address			
		Postcode	
Signature		Date	
Email address			
Employer		Location	
Job title			

We process the personal data (including sensitive or special category personal data) we collect from you and your employer for the purposes of administering the LGPS and paying benefits. This may include passing such data to the actuary, administrators, auditors, insurers, lawyers and such other third parties as may be necessary for the operation of the LGPS. For the purposes of data protection legislation, we as the Administering Authority are the data controller. Further information on how your data is processed can be found in our privacy notice: <http://www.worcestershire.gov.uk/worcestershirepensionfund/privacy>

FOR COMPLETION BY EMPLOYER ONLY

Pay number		N.I. number	
Date of appointment		Date of entry to LGPS	
Weekly hours		FTE hours per week	
Actual pensionable pay	£	FTE pensionable pay	£
Term time %		Contribution rate %	
Completed by:		Telephone number:	

Declaration of previous pension rights

You must tell us in the table below if you have any period of employment within the public sector even if you do not wish to investigate transferring those pension rights to Worcestershire Pension Fund. Failure to do so could mean your previous LGPS benefits are calculated on less favourable terms. Public sector employers include:

- Local government – England, Scotland and Wales
- Civil service
- Judiciary
- Armed forces
- Teachers
- National Health Service
- Police
- Fire and Rescue

You do not have to tell us about your private sector pensions in the table below if you do not wish to investigate transferring them to Worcestershire Pension Fund. However, we will need information about all your pensions before we can pay out your pension benefits on retiring.

Name of pension scheme	Dates of employment / membership	Did you receive a refund of contributions?		Do you wish to investigate a transfer?	
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No

- Please complete a form TV1 (on page 3) for each non-LGPS pension you wish to investigate transferring.
- Please complete a form TV2 (on page 4) for each LGPS pension you wish to investigate transferring.

DECLARATIONS (Please tick one of the two boxes below and sign / date at the bottom.)	
I have no previous pension rights in any other public sector pension scheme.	<input type="checkbox"/>
I have previous pension rights in another LGPS or public service pension scheme.	<input type="checkbox"/>
I have included all periods of pensionable membership with any other LGPS and/or public sector pension schemes and give permission for Worcestershire Pension Fund to obtain details of them.	
I have completed a Transfer Authority Form for each pension that I wish to investigate a possible transfer.	
I understand that any previous LGPS membership may be automatically combined, unless I declare that they remain separate within 12 months of joining Worcestershire Pension Fund.	
Signature:	Date:

Transfer Value Authority Form (TV1) Mar 2020

Occupational and Personal Pensions

DO YOU WISH TO INVESTIGATE A TRANSFER?

YES NO

Note: more information regarding **transferring previous pension** benefits can be found on our website: www.worcestershirepensionfund.org.uk

Name		N.I. number	
Address			
	Postcode		Date of birth
<p>I hereby give permission for information in connection with this transfer request to be disclosed to Worcestershire Pension Fund. Further information on how your data is processed can be found in our privacy notice: http://www.worcestershire.gov.uk/worcestershirepensionfund/privacy</p>			
Signature		Date	

I have previously been a member of an occupational pension scheme

Previous employer's name

Name and address of pension scheme administrator

.....

Dates employed: From To

Reference number (if known)

I have previously contributed to a personal pension / private pension scheme

Name of pension provider

Address of provider:.....

.....

.....

Policy number

Transfer Value Authority Form (TV2) Feb 2020

Local Government Pension Scheme (LGPS) membership only

Previous employer:

Previous administering authority:

1. I elect to investigate the transfer my previous LGPS Membership.

2. I have no entitlement to preserved benefits in respect of my previous LGPS membership and have not received a refund of pension contributions. (Your membership will automatically be transferred)

3. I confirm I am in receipt of a pension in respect of my previous LGPS membership.

Name		N.I. number	
Address			
		Post Code	
<p>I hereby give permission for information in connection with this transfer request to be disclosed to Worcestershire Pension Fund. Further information on how your data is processed can be found in our privacy notice: http://www.worcestershire.gov.uk/worcestershirepensionfund/privacy</p>			
Signature		Date	

Note: an election to transfer your membership must be made no later than 12 months after commencing your current membership (or later but then only with your employer’s consent).

Note: more information regarding **transferring previous pension** benefits can be found on our website: www.worcestershirepensionfund.org.uk

In the event of my death, I wish Worcestershire Pension Fund to exercise discretion to make payment of any lump sum death grant to the following individual(s) and/or organisation(s) in the proportions indicated, which total 100%. This nomination revokes any previous nominations made by me. Further information on how your data is processed can be found in our privacy notice:

<http://www.worcestershire.gov.uk/worcestershirepensionfund/privacy>

Note: as per the notes overleaf, nominations made on this form will be **invalid without a signature**.

Full name		N.I. number	
Address		Postcode	
Employer		Location	
Signed		Date	

NOMINATIONS

Full name		Date of birth	
Address			
Relationship		Proportion	%
Full name		Date of birth	
Address			
Relationship		Proportion	%
Full name		Date of birth	
Address			
Relationship		Proportion	%
Full name		Date of birth	
Address			
Relationship		Proportion	%
Full name		Date of birth	
Address			
Relationship		Proportion	%

DEATH GRANT NOMINATION FORM NOTES

One of the key benefits provided by the LGPS is a lump sum death grant if:

- you die in service
- you die having left a preserved benefit in the Scheme
- in some circumstances, you die whilst in receipt of an LGPS pension

Normally, when you die in service, we need to see either a Grant of Probate or Letters of Administration in order to pay any lump sum death grant due to your estate. This can be a long, drawn-out process. Alternatively, you can nominate whomever you would like to receive any death grant payable.

Completing a Death Grant Nomination Form has two main advantages:

- It should speed up the process of paying the death grant
- The death grant would not normally form part of your estate for calculating inheritance tax

More than one beneficiary may be nominated. It may be worth considering making the beneficiary aware that you have nominated them.

A nomination ceases to be valid if any of the following circumstances apply at the time of the member's death:

- The Nomination Form is not signed and dated
- The nomination beneficiary has died
- The nominated beneficiary was the member's spouse at the time of nomination or subsequently became so but has since ceased to be the member's spouse
- Worcestershire Pension Fund as the administering authority decides it is not reasonably practicable in all the circumstances to make payment to the nominated beneficiary
- The nomination has been revoked in writing by the member or by a subsequent nomination
- A conditional nomination has been made, i.e. one which states that in the event of the death of the first nominated person(s) the death grant should be paid to another nominated person(s)

We cannot be legally bound by a nomination and must retain absolute discretion but will make every effort to comply with your wishes where practicable to do so.