

## Option to Join/Re-Join Form

You should only complete this form if you have previously opted out of the Scheme or chose not to join when your employment commenced

Personal Details (Please complete in BLOCK CAPITALS)			
Surname:	<input type="text"/>		
Forenames:	<input type="text"/>	Title:	<input type="text"/>
NI Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Payroll Ref:	<input type="text"/>		

I wish to opt in to the Local Government Pension Scheme.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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**Completed forms should be returned to your employer.**