



administered by  
**Hampshire Pension Services**  
The Castle, Winchester,  
Hampshire SO23 8UB

Telephone 01962 845588  
Email pensions@hants.gov.uk  
www.hants.gov.uk/pension

# LGPS Membership Option Form

## Part A: Confirming your details

Before you complete this form, please read the starter information booklet found on our [website](#).

Use this form once your employer has opted you into the LGPS pension scheme. Please complete **all** sections and send it to Hampshire Pension Services. If you have joined the LGPS in more than one employment, please complete a separate form for each one.

### 1. Personal details

Please send a photocopy of your birth certificate or passport with this form. If you no longer use the name on your birth certificate or passport, please also send something to prove your current name, such as your change of name deed or marriage certificate.

Title \_\_\_\_\_ First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

National Insurance number

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Date of birth

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address \_\_\_\_\_ Daytime telephone \_\_\_\_\_

### 2. Partnership status

Please select your current partnership status and send copies of any documentation to verify this.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Married         | <input type="checkbox"/> Civil partner | <input type="checkbox"/> Cohabiting partner          |
| <input type="checkbox"/> Single          | <input type="checkbox"/> Divorced      | <input type="checkbox"/> Civil Partnership dissolved |
| <input type="checkbox"/> Widow / Widower |  |  |

Date effective from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 3. Current employment

Tell us about the employment that this pension membership relates to, including your personnel or pay reference if you know it. Please complete as much information as known.

Name of employer \_\_\_\_\_

Post or job title \_\_\_\_\_

Date joined LGPS \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Payroll number \_\_\_\_\_

### 4. Previous LGPS/public service scheme membership

Please let us know if you have previously been a member of the LGPS or any public service pension scheme. This is for information only and is NOT an election to transfer benefits.

**You need to complete Part B of this form within one year of joining the scheme, to confirm if you wish to combine previous LGPS membership or keep it separate.**

**Use our Transfer Booklet if you wish to investigate the transfer of any non LGPS pensions.**

Employer's name	Pension fund's name and address	Dates paid in		Do you hold an AVC linked to your previous employment? (This may need to be transferred if combined)
		From:	To:	

### Declaration and authority

Please sign and date the form to confirm that the information you have given is correct and you consent to us contacting any other pension funds you have listed and sharing necessary information with them.

We can only accept forms that are signed and dated on or after the date your employer enrolled you into the LGPS.

The details in this form are correct to the best of my knowledge.

I have included a clear photocopy of the documents as requested in sections 1 and 2.

Signature

Date

.....

Date cannot be earlier than the date you joined the LGPS in this employment.

### Please return the completed form to:

Hampshire Pension Services,

The Castle, Winchester,

SO23 8UB.

Email: [pensions@hants.gov.uk](mailto:pensions@hants.gov.uk)

Telephone: 01962 845588

### Privacy Notice

*For information on how we hold and use your data, please visit:*

<https://www.hants.gov.uk/hampshireservices/pensions/local-government/contact-and-resources/privacy-notice>

## Part B: Combining previous LGPS pensions

**Before you complete this form, please read the starter Information booklet found on our website.**

Please use this form to confirm whether your previous LGPS accounts should be combined or left separate from your new account. You must return this form to Hampshire Pension Services within a year of starting your current period of LGPS membership, unless the employer liable for the LGPS account has a policy to allow longer. Please refer to the starter information booklet for further guidance on combining membership.

### 1. Personal details

Title ..... First name(s) ..... Surname .....

Address .....

..... Postcode .....

National Insurance number

--	--	--	--	--	--	--	--	--	--

Date of birth ..... - ..... - .....

Email address .....

Daytime telephone .....

Employer .....

Payroll number .....

### 2. Your previous LGPS pensions

(Please read the explanatory notes in the starter information booklet)

You must decide whether to combine your previous LGPS pension or to keep it separate from your new membership. You must make this choice for **each** previous period of membership. If you have several periods of membership, please use further copies of this form.

#### Pension 1 - About your previous LGPS pension

Previous LGPS Scheme Name & Address	Date membership started	Date membership ended	Status at leaving (deferred/pensioner/transfer)

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**Your decision:** I have read this booklet and scheme guide and have made the following decision:

- Please keep this pension separate from my new LGPS pension account
- Please combine this pension with my new LGPS pension account

**Pension 2 - About your previous LGPS pension**

Previous LGPS Scheme Name & Address	Membership of scheme from	Membership of scheme to	Status at leaving (deferred/pensioner/transfer)

**Your decision:** I have read this booklet and scheme guide and have made the following decision:

- Please keep this pension separate from my new LGPS pension account
- Please combine this pension with my new LGPS pension account

**3. Declaration and authority**

My signature below confirms that the information I have given is correct and that I have:

- Read this booklet and the scheme guide before making my decision,
- Listed all your previous LGPS pensions and made a decision about each of them,
- Consented to Hampshire Pension Services contacting the other pension funds I have listed and
- Understood that I cannot change the decision I have made once Hampshire Pension Services has received and processed this form.

Signature	Date
.....	.....

**Please return the completed form to:**

Hampshire Pension Services, The Castle, Winchester, SO23 8UB.

Email: [pensions@hants.gov.uk](mailto:pensions@hants.gov.uk)

Telephone: 01962 845588

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