

FORM A: Confirming your details



Hampshire
County Council

Hampshire Pension Fund

administered by

Hampshire Pension Services

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

This is for use 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										
e												
National Insurance number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
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 |

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.

Please complete Form B to confirm if you wish to combine or keep separate any previous LGPS membership within one year of joining the scheme.

Please complete the 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	
		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.

Privacy Notice

For information about how we hold your data, who we share it with and what rights you have to request information from the Pension Fund, please visit:

Hampshire: <https://www.hants.gov.uk/hampshire-services/pensions/local-government/disclaimer>
or ask us to send you a printed copy.



FORM B: Combining previous LGPS pensions

Before you complete this form, please ensure you have 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 Pension Services within a year of starting this current period of LGPS membership, unless the employer liable for the LGPS account has a policy to allow longer. Please refer to page 5 of this booklet for further guidance on combining membership.

I Personal details					
Title	First name(s)	Surname			
Address					
		Postcode			
National Insurance number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> </tr> </table>				
Date of birth	/ /				
Email address	Daytime telephone				
Employer	Payroll number				

2 Your previous LGPS pensions (please refer to notes pages 5 – 8)			
Pension 1 - About your previous LGPS pension			
Previous LGPS Scheme Name & Address	Date membership started	Date membership ended	Status at leaving (deferred/pensioner/transfer)
<p>Your decision: I have read this booklet and scheme guide and have made the following decision:</p> <ul style="list-style-type: none"> • Please keep this pension separate from my new LGPS pension account <input type="checkbox"/> • Please combine this pension with my new LGPS pension account <input type="checkbox"/> 			

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

Please sign and date this form to confirm that information you have given is correct and that:

- you have read this booklet and the scheme guide before making your decision
- you have listed all your previous LGPS pensions and made a decision about them
- you consent to us contacting the other pension funds you have listed
- I understand that I cannot change the decision I have made once Hampshire Pensions Services has received and processed the form.

Signature

Date

Please return the completed form to:

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

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or ask us to send you a printed copy.