

**ABERDEEN CITY COUNCIL PENSION FUND  
Local Government Pension Scheme Regulations 2008**

**PENSION OPTION FORM**

**SECTION A – TO BE COMPLETED BY THE EMPLOYEE**

Please complete this page using BLOCK CAPITALS and return to your employer with a copy of your birth certificate. We are unable to pay any benefits until your date of birth has been verified.

Full Name (Mr/Mrs/Miss/Ms):

Home Address:

Postcode:  Preferred Forename:   
(if different from above)

Employer:  Date began Employment:

Marital Status:  National Insurance No:

Date of Birth:  Daytime Telephone No:

**SECTION B – TICK RELEVANT BOX, EITHER:**

**YES** - I wish to join the Local Government Pension Scheme. I understand, if applicable, that if I wish to continue making contributions to my personal or stakeholder pension, then I should inform my personal or stakeholder pension scheme administrators that I have joined the LGPS.

**PREVIOUS PENSION RIGHTS**

You must tell us about any previous pension rights you hold, as they may affect your entitlement under the LGPS. If you wish to consider a transfer of any previous rights you must complete a separate transfer form. To obtain the necessary form please contact the Pensions Fund on (01224) 814949 or tick the box below. Any request you make to investigate a transfer will not be binding until you have been supplied with further details and subsequently confirm that you wish the transfer to proceed. **Please note that transfers are usually only permitted within 12 months of joining the Scheme.**

| 1                                    | 2                                                                      | 3                                    | 4                                                            | 5                                 |
|--------------------------------------|------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------|-----------------------------------|
| Name of Previous Pension Provider(s) | Type of Scheme<br>(e.g. LGPS, Personal Pension Plan, Employers Scheme) | Period of Membership<br>From      To | If contributions were refunded or transferred, please state. | Transfer form required (tick box) |
|                                      |                                                                        |                                      |                                                              |                                   |
|                                      |                                                                        |                                      |                                                              |                                   |
|                                      |                                                                        |                                      |                                                              |                                   |

**OR:**

**NO** - After careful consideration I do not wish to become a member of the Local Government Pension Scheme. I have received information about the Scheme and I understand that this important decision will mean that neither my dependants nor I will be entitled to any benefits relative to my period of non-membership. I further understand that my employer or Aberdeen City Council (as Scheme Administrators) cannot accept any liability whatsoever from this decision.

**NOW SIGN BELOW AND RETURN TO YOUR EMPLOYER**

Signature: ..... Date: .....

**SECTION C – TO BE COMPLETED BY PAYROLL**  
**See Notes in Administration Guide for Participating Employers**

|                                                           |                                                                        |                                         |                                             |
|-----------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| Employing Authority:                                      | <input style="width:100%;" type="text"/>                               |                                         |                                             |
| Department:                                               | <input style="width:200px;" type="text"/>                              | Job Title:                              | <input style="width:200px;" type="text"/>   |
| Full Name (Mr/Mrs/Miss/Ms):                               | <input style="width:100%;" type="text"/>                               |                                         |                                             |
| Date of Birth:                                            | <input style="width:300px;" type="text"/>                              | Tick if verified                        | <input type="checkbox"/>                    |
| National Insurance No:                                    | <input style="width:100%;" type="text"/>                               |                                         |                                             |
| Payroll Number:                                           | <input style="width:150px;" type="text"/>                              | Unique Id. (if applicable):             | <input style="width:150px;" type="text"/>   |
| Terms of Employment:                                      | <input type="checkbox"/> Whole-time <input type="checkbox"/> Part-time |                                         |                                             |
| If P/T, proportion of weekly hours:                       | <input style="width:150px;" type="text"/>                              | of                                      | <input style="width:150px;" type="text"/>   |
| Contract Weeks:                                           | <input style="width:150px;" type="text"/>                              | of                                      | <input style="width:150px;" type="text"/>   |
| Pensionable Pay (Hourly/Weekly/Annually):                 | <input style="width:150px;" type="text"/>                              | If P/T, state FTE:                      | <input style="width:150px;" type="text"/>   |
| Contribution Rate:                                        | <input style="width:150px;" type="text"/>                              | N.I. Table Letter:                      | <input style="width:150px;" type="text"/>   |
| Date Joined Employer:                                     | <input style="width:150px;" type="text"/>                              | Date admitted to Scheme (if different): | <input style="width:150px;" type="text"/>   |
| <u>Admin. Reg. 10 (5)</u> - Date of admission back-dated? | <input style="width:150px;" type="text"/>                              | Amount of back-dated conts:             | £ <input style="width:150px;" type="text"/> |

**COMPLETE BELOW IF THE MEMBER HAS OPTED NOT TO JOIN THE PENSION SCHEME**

The employee opted-out and:

- a) paid no contributions
- b) contributions paid – £ ..... should be refunded by the Pension Fund
- c) opted out within one month of joining – contributions refunded by Payroll.

Date Opted-Out: ..... Contracted-Out Earnings\* for period: £.....  
 (\*total of columns 1b and 1c in HMRC form P14)

Now return completed form, duly signed, to:  
**Aberdeen City Council Pension Fund, AECC – 2<sup>nd</sup> Floor, Balgownie One, Conference Way, Bridge of Don, Aberdeen, AB23 8AQ as soon as possible.**

Signature .....

Position ..... Date .....

|                              |            |
|------------------------------|------------|
| <b>PENSION FUND USE ONLY</b> |            |
| Processed .....              | Date ..... |