

The Local Government Pension Scheme Opt Out Form



Please complete this form using BLOCK CAPITALS, sign, date and return this form to your **human resources / payroll department** if you DO NOT wish to join the Local Government Pension Scheme (LGPS).

Return the completed form to your **human resources / payroll department** within THREE months of commencing employment, or you will not be entitled to a refund of your contributions.

Full Name:	Title (<i>Mr, Mrs, Miss, Ms, Other</i>):
Date of Birth (<i>DD/MM/YYYY</i>):	National Insurance No:
Home Address:	
Postcode:	
Email Address:	
Employer / Department:	
Employee Payroll No:	Date of Commencement:
Post to which appointed:	

I have considered the benefits offered by the Local Government Pension Scheme (LGPS) but **do not** wish to join (or remain in) the LGPS.

Signature:	Date:
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Once completed this form should be returned to your **human resources / payroll department** as soon as possible.

If you have any queries about the LGPS, please do not hesitate to contact the Pensions Team.

Pensions Team
Buckinghamshire County Council
County Hall
Aylesbury
Buckinghamshire, HP20 1UD

Visit our website at www.buckscc.gov.uk/pensions and also the national LGPS website at www.lgps.org.uk for more information.

