



Opt Out Form

This form applies to a person who is a member of the Pension Scheme, but who would like to cease paying contributions towards their pension saving. Please note, the contributions paid on your behalf by your employer will also cease. Please complete this form if you would like to opt out of the Pension Scheme and return it to your payroll department.

Part A: For completion by the employee in all cases.

Title: Mr/Mrs/Miss/Ms/other:	<input type="text"/>	Forename(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of Birth:	<input type="text"/>	National Insurance Number:	<input type="text"/>
Your Address:	<input type="text"/>		
<input type="text"/>			<input type="text"/>
Postcode:	<input type="text"/>		
Pay No:	<input type="text"/>	Dept:	<input type="text"/>
Job Title:	<input type="text"/>		

Do you pay additional LGPS Scheme AVC or FSAVC contributions?
If 'Yes' please attach full details. Yes/No:

Your contributions to your AVC account will also cease at the date you opt out of the Pension Scheme.

Declaration

I confirm that the details given on this form are complete and accurate and I declare that:

I wish to opt out of the Local Government Pension Scheme.

I understand that I may be giving up valuable benefits which I may not be able to replace at a later date.

Signed: Date:

All information provided in connection with Pension Scheme membership will be processed and stored in accordance with the requirements of the Data Protection Act 1998.

Part B: For completion by the employer

Payroll Declaration – I confirm that the employee has opted out of the LGPS.

Signed: Date:

Name: Position: