

## Pension Opt-In Form

Please complete all sections of the form

PERSONAL DETAILS	
Surname	
Forename(s)	
Marital Status	
Date of Birth	
National Insurance Number	
Email Address	
Address	

DETAILS OF EMPLOYMENT	
Employing Authority/Body	
Payroll reference	
Post title	
Department	
Start date	

**Please note:**

Income Tax and National Insurance deductions from your pay will both be lower as a consequence of paying pension contributions.

**I understand the notes above and wish to elect to join the Local Government Pension Scheme.**

VERIFICATION	
Signature:	Date:

**Please return this form to your employer's Payroll section.**