



**FORM A**

**LOCAL GOVERNMENT PENSION SCHEME (LGPS)**  
**FORM OF PARTICULARS**

- (1) **Name:** **Surname** \_\_\_\_\_  
(Mr/Mrs/Miss/Ms)  
**Forenames** \_\_\_\_\_
- (2) **Date of Birth** \_\_\_\_\_
- (3) **NI Number** \_\_\_\_\_
- (4) **Marital Status** \_\_\_\_\_
- (5) **Date of Marriage or Civil Registration or Divorce** (if applicable) \_\_\_\_\_
- (6) **Maiden Name** \_\_\_\_\_
- (7) **Name of Spouse/Civil Partner/Cohabiting Partner** \_\_\_\_\_
- (8) **Spouse's / Civil Partner's /Cohabiting Partner's Date of Birth** (if applicable) \_\_\_\_\_

**(9) Details of all previous Local Government service (If none please state "None")**

<b>Name of Authority</b>	<b>Date Commenced</b>	<b>Date Ceased</b>	<b>Did you pay pension contributions? <u>Yes / No</u> (if "Yes" please see below)</b>

If pension contributions were paid, please indicate whether you have received, (a) a refund, (b) a deferred benefit award, (c) a transfer or (d) pension currently in payment in respect of that period of service. An Inter-fund Transfer (if available) will be requested on receipt of this form. Please note that this will be a quotation only. You will be given the opportunity to transfer your pension rights once you have been informed of the merits or de-merits of transferring your benefits to this authority. **If you do wish to transfer pension rights to the Harrow Council Pension Fund from a previous employment where you were also a member of the Local Government Pension Scheme, the transfer must be applied for within 12 months of joining the Harrow pension Fund.**

**(10) Possible transfer from non Local Government pensionable employment**

A transfer of accrued pension rights from other schemes is usually possible. If you wish to receive details of the pension credit which might be available to you in The Local Government Pension Scheme by a transfer please enter the name of the former scheme here **and complete the authority form overleaf.** No transfer will be completed until specifically agreed by you.

<b>Non Local Government Employer</b>	<b>Date Commenced</b>	<b>Date Ceased</b>	<b>Name of Pension Scheme</b>

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for this purpose. I hereby certify that the foregoing information is correct to the best of my knowledge and belief.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**Telephone No** \_\_\_\_\_



IMPORTANT NOTICE

This form is issued to meet the requirements of the Local Government Pension Scheme Regulations 2013. Your attention is drawn to the importance of supplying full and accurate information to the questions overleaf: any inaccuracy in, or omission from, the information given may prejudice the ascertainment of your rights under the Regulations.

When completed, please return this form, together with your birth certificate/passport and, if applicable, marriage certificate/civil registration certificate and your spouse's/partner's birth certificate/passport or your decree absolute/Civil partnership dissolution.

**Possible transfer from non-local government pension scheme**  
**(See section 9 overleaf)**

This section is to be completed by an employee wishing to consider the possible transfer of accrued pension rights from a former (non-local government) pension scheme. No actual transfer will take place until the employee's specific authority for it is given after the details of the possible pension credit have been notified.

To:

\_\_\_\_\_

*Administrator of former scheme*

Policy Number/  
Plan Number:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

I hereby authorise you to release to Harrow Council details of the transfer value and if applicable deferred benefits available in respect of any former service / membership in your scheme.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Block Capitals)

NI Number: \_\_\_\_\_

Period of Employment From – To	Name of Employer or Place of Employment