

Opting out of the Local Government Pension Scheme (LGPS) Pension Saving

The Local Government Pension Scheme (LGPS) allows you to save while you are working in order to enjoy a pension once you retire. It is one of the best occupational pension schemes in the UK. What's more, the LGPS is provided by your employer who meets a large part of the cost of providing the excellent range of secure benefits, so it's an extremely valuable and important part of your employment package.

You might be thinking of opting out of the LGPS for a variety of reasons. Whatever the reason, it's worth taking some time to look at the benefits you could be giving up. A brief summary of these is included in the "Declaration" section of this form.

Opting out won't save you as much in take home pay as you may think. In most cases, you will pay more tax if you opt out of the LGPS. A basic rate tax payer paying pension contributions of £100 a month will pay £20 more tax.

If you want to know more about the costs and benefits of being a member of the Local Government Pension Scheme you can contact Pension Section, PO Box 1358, Harrow, HA3 3QN or Email: pension@harrow.gov.uk
Tel: 020 8424 1186
Web: www.harrowpensionfund.org

Please remember that the LGPS is, and will continue to be, one of the best occupational pension schemes in the UK.

Whatever your reasons for considering opting out of the scheme, we ask that you give this matter careful consideration before making a final decision. You may wish to take financial advice before deciding to opt out. If you are opting out of the LGPS due to advice you have received, you should ask for this advice in writing.

Your employer cannot ask you or force you to opt out. If you are asked or forced to opt out you can tell The Pensions Regulator - see www.thepensionsregulator.gov.uk.

Equally, no one can force you to remain a member of the scheme but, if you elect not to be a member, you should understand the implications both for you and your dependents.

Notes:

- You can only sign and date this opt out form once you have commenced employment in the post from which you wish to opt out of membership of the LGPS. You cannot sign and date the form before then as it will be treated as an invalid opt out.
- The completed opt out form should be returned to your employer.
- If you have another job with another employer, that employer might also put you into pension saving, now or in the future. This opt out notice only opts you out of LGPS pension saving in relation to the employer and jobs you have named on this form. A separate opt out notice must be filled out and given to any other employer you work for if you wish to opt out of pension saving with that employer as well. You will need to obtain the opt out form for employment with that employer from the pension administrators for the scheme provided by that employer.
- If you opt out of the LGPS before completing three months membership you will be treated as never having been a member and will receive a refund of any contributions deducted from your pay via your payroll provider. If you opt out after three months but before two years, you will be entitled to claim a refund via the Pension Fund. If you opt out after two years or more you will be entitled to a deferred pension benefit in the LGPS which, unless you transfer the benefits to another pension scheme, would normally be payable from state pension age (or from age 55 at your choice).
- If you decide to opt out of membership of the LGPS and subsequently change your mind you will be able to rejoin the scheme provided you are under age 75 and you remain in an employment that qualifies you for membership of the scheme. You will need to write to your employer, if you want to opt back into the scheme.
- If you stay opted out your employer will normally automatically put you back into the LGPS approximately three years from the date they have to comply with the automatic enrolment provisions of the Pensions Act 2008. You will, however, again be entitled at that time to opt out of membership of the scheme.
- If you change employer your new employer will normally put you back into pension saving straight away.

Your Personal Details

SURNAME:	TITLE:
FIRST NAME/S:	
ADDRESS:	
	POST CODE:
NI NUMBER:	DATE OF BIRTH:

Your Employment Details

YOUR EMPLOYER'S NAME:

Name of post(s) from which you wish to opt out of membership of the LGPS

JOB TITLE – POST 1:

COMMENCEMENT DATE:	PAYROLL No. <i>if known</i> :
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JOB TITLE – POST 2:

COMMENCEMENT DATE:	PAYROLL No. <i>if known</i> :
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Continue on a separate sheet if you have more posts with this employer that you wish to opt out of LGPS membership.

Declaration:

I declare that by opting out of the Local Government Pension Scheme (LGPS) I am knowingly giving up the opportunity to participate in the LGPS which would provide a guaranteed package of benefits which are backed by law including:

- **a secure pension** – payable for life that increases with the cost of living
- **tax free cash** – the option to exchange part of my pension for some tax-free cash at retirement
- **voluntary early retirement** – from age 55, (even though the scheme's normal pension age is in line with your state pension age)
- **serious ill-health cover** – if I have to retire due to a serious illness I could receive immediate benefits based on an enhanced period of scheme membership
- **redundancy cover** – with the early payment of pension benefits if I am made redundant or retired on business efficiency grounds at 55 or over
- **life cover** – with a lump sum of three times my final pay if I die in service
- **cover for my family upon my death** – including a survivor's pension for my husband, wife, civil partner or cohabiting partner as well as children's pensions

I have read the above and understand that the choices I make now are important in planning for my retirement. I confirm that I wish to opt out of pension saving in the post(s) I have indicated on this form.

I understand that if I opt out I will **lose the right to pension contributions from my employer**.

I understand that if I opt out I may have a lower income when I retire.

Signed: _____ Date: _____
(NOT TO BE SIGNED BEFORE DATE COMMENCED EMPLOYMENT)

Notes:

1. Please see the notes on the front page regarding when you can sign, date and return this form.
2. It is important to fully complete this form. An incomplete form will not be accepted as a valid option out and the form will be returned to you for completion.

Employer Stamp:

OFFICER NAME _____

SIGNATURE _____

DATE _____