



LGPS new member form: Councillors

Your employer participates in the Shropshire County Pension Fund, which means you can join the Local Government Pension Scheme (LGPS).

Visit www.shropshirecountypensionfund.co.uk for an overview of the LGPS and the valuable range of benefits on offer.

When returning your completed form, please include a good quality photocopy of your birth certificate or current passport so your date of birth can be verified, and where appropriate, a good quality photocopy of your marriage/civil partnership certificate. **Please do not send original documents.**

I enclose a clear photocopy of my: (Please tick the relevant boxes)

Birth certificate

Passport

Relevant marital certificates

I have **not** enclosed any photocopies of certificates with this form and will send these later

Need to return documents to us? You can upload them securely when registered to My Pension Online. You can also:

- Update your personal details on your pension record.
- Make and update death grant nominations.
- Check the pay details that have been supplied by your employer.

Data protection

The Shropshire County Pension Fund is a data controller under data protection law. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies but will only do so in limited circumstances. For more information about how we hold your data, who we share it with, and what rights you have to request information from the fund, please visit www.shropshirecountypensionfund.co.uk.



Go online

Find out more and log on to
'My Pension Online' at:

www.shropshirecountypensionfund.co.uk



Call us

01743 252130



Email us

Please use our **online contact form**



Write to us

Pensions, PO Box 4826
Shrewsbury SY1 9LJ



1. Personal information

Name:

NI number:

Date of birth:

If married/civil partnership confirm date:

Previous surname:

Personal email address*:

Home address:

Postcode:

**I confirm that by giving my email address, I'm agreeing for Shropshire County Pension Fund to email me about my pension. (Please note that you do not have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension, and you will not be able to register to view your pension account online to see your annual benefit statement. In these circumstances a paper copy must be requested.)*

2. Employment information

Name of County or Unitary Council

Payroll number:

Start date:

3. Transferring previous pension rights

You can transfer into the LGPS from another pension scheme or personal pension plan. However, any transfer-in of final salary benefits will not entitle you to final salary benefits in the LGPS, you will receive an equivalent amount added to your pension account instead. You will generally have **twelve months** from joining the LGPS to opt to transfer your previous pension.

Please fill in details for each pension scheme you have been a member of. If necessary, attach copies of any relevant documents and continue a separate sheet if you have more than three. No transfer will be requested or completed without your final authorisation and **applications for pension rights to be transferred must be made no later than twelve months** after joining the LGPS.



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Transfers can only be requested within twelve months of joining the LGPS.

Pension 1 - Details of previous pension scheme membership

Name of employer or pension provider:

Job title (if pension linked to previous job):

Policy number:

Pension scheme name and address:

Post code:

Date commenced:

Date ceased:

When you left did you (Please tick the relevant box):

Take a refund

Draw a pension

Transfer benefits

Defer benefits

Would you like to investigate a transfer of these benefits? (Please tick the relevant box):

Yes

No

Pension 2 - Details of previous pension scheme membership

Name of employer or pension provider:

Job title (if pension linked to previous job):

Policy number:

Pension scheme name and address:

Post code:

Date commenced:

Date ceased:

When you left did you (Please tick the relevant box):

Take a refund

Draw a pension

Transfer benefits

Defer benefits

Would you like to investigate a transfer of these benefits? (Please tick the relevant box):

Yes

No



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4. Death Grant Expression of Wish form

If you die in service as a member of the LGPS, a lump sum death grant of three times your actual pay may be due to your dependants. To make an expression of wish, please fill in the section below. This will tell us who you would like the death grant to be paid to in the event of your death. The scheme managers are not legally bound by an expression of wish and retain absolute discretion. However, they will make every effort to comply with your wishes where they are able to do so.

It's important to remember to update your expression of wish if your circumstances change. For example, if the named beneficiary dies or you divorce, and your spouse was the beneficiary. You can change this in the future using the My Pension Online member's portal.

If you have given personal data about other people, such as family members, dependants or potential beneficiaries under the fund, please make sure those individuals are aware of the information contained within this notice.

I wish you to pay any lump sum death grant to the following individual(s) and/or organisation(s) in the amounts shown. This form replaces any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.

Your nomination details (If you wish to choose more than four nominees, please request an additional form)

Nominee 1 Name:

Address:

Postcode

Relationship:

Proportion (%):

Nominee 2 Name:

Address:

Postcode:

Relationship:

Proportion (%):



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Nominee 3 Name

Address:

Postcode:

Relationship:

Proportion (%):

Nominee 4 Name:

Address:

Postcode:

Relationship:

Proportion (%):

5. Declaration

By signing this form, I confirm that:

- The personal details I have given are correct.
- I have read the information in section three of this form and am aware that I have twelve months to investigate a transfer of any previous pension benefits into the LGPS, and if applicable, have included details of these benefits.
- I have completed the expression of wish form above and agree that this form reflects your wishes.

Signed:

Date:

Please upload your completed form and photocopies of birth and marriage certificates to the 'Documents and uploads' section of 'My Pension Online' or via post to Pensions, PO Box 4826, Shrewsbury, SY1 9LJ

May 2026



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