



LGPS Opt in form

On opting back into the Local Government Pension Scheme, a pension record (for each employment) will be set up and an official notification of your LGPS membership will be sent to you. You should check your pay slip to make sure that pension contributions are being deducted.

The completed opt in form should be returned to your employer's Payroll or Human Resource department. This is so your employer knows to start taking pension contributions. Once this has been done, your employer should pass this form onto Shropshire County Pension Fund. The form will be retained as a record of your election to opt back into the LGPS.

An incomplete form will not be accepted: It's important to fill in all sections of this form. If the form isn't fully complete, it will not be accepted as a valid request and will be returned for you to complete.

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.

Please return this form completed to your employer's payroll or HR department.





1. Personal information

Name:

NI number:

Personal email address*:

Date of birth:

Home address:

**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

Employer:

Payroll number:

Name of post(s) from which you wish to opt in to the LGPS:

Job title post 1:

Post number:

Job title post 2:

Post number:

Job title post 3:

Post number:

As you are re-joining the LGPS after opting out, you may have previously built up LGPS pension rights in this post or through another employment. It is important that you tell us about this membership as this can affect your benefits; for instance, in some circumstances previous LGPS benefits will automatically be joined with your new active pension account.



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



If you hold deferred benefits in the LGPS due to opting out of the post(s) which you now wish to opt back into, after 11 April 2015, you can't join the two periods of membership together.

You will have two separate sets of pension benefits in the scheme. In addition to this, special rules also apply if you were a member of the LGPS on or before 31 March 2014.

You should list any previous LGPS membership below.

LGPS Pension 1 – Details of previous LGPS membership

Employer: Name of LGPS pension fund:
Payroll number: Job title:
Date joined LGPS in this job: Date left/opted out LGPS in this job:
When you left did you (tick):
Take a refund Draw a pension Transfer benefits Defer benefits

LGPS Pension 2 – Details of previous LGPS membership

Employer: Name of LGPS pension fund:
Payroll number: Job title:
Date joined LGPS in this job: Date left/opted out LGPS in this job:
When you left did you (tick):
Take a refund Draw a pension Transfer benefits Defer benefits

LGPS Pension 3 – Details of previous LGPS membership

Employer: Name of LGPS pension fund:
Payroll number: Job title:
Date joined LGPS in this job: Date left/opted out LGPS in this job:
When you left did you (tick):
Take a refund Draw a pension Transfer benefits Defer benefits





3. Previous Pension Scheme Membership

If you've previously paid into a pension scheme, we need to know about it as it can affect your pension with us. We need to know about previous pension rights from:

- a previous employer's pension scheme;
- a self-employed pension plan;
- a 'buy-out' policy;
- a personal pension plan;
- a stakeholder pension scheme; or
- an Additional Voluntary Contribution (AVC) arrangement

It may be possible to transfer previous pension rights to the LGPS, however applications for this must be made **no later than 12 months after entering the employment to which you wish to transfer in your previous pension rights**. If you have been in your employment longer than 12 months, you will need the agreement of both your employer and the Fund to transfer in previous benefits.

Pension 1 - Details of previous pension scheme membership

Name of employer or pension provider:

Job title:

Policy number:

Pension scheme name and address:

Post code:

Date commenced:

Date ceased:

When you left did you (tick):

Take a refund

Draw a pension

Transfer benefits

Defer benefits

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

Would you like to investigate a transfer of these benefits? (tick): Yes No





Pension 2 - Details of previous pension scheme membership

Name of employer or pension provider:

Job title:

Policy number:

Pension scheme name and address:

Post code:

Date commenced:

Date ceased:

When you left did you (tick):

Take a refund

Draw a pension

Transfer benefits

Defer benefits

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

Would you like to investigate a transfer of these benefits? (tick): Yes No

Pension 3 - Details of previous pension scheme membership

Name of employer or pension provider:

Job title:

Policy number:

Pension scheme name and address:

Post code:

Date commenced:

Date ceased:

When you left did you (tick):

Take a refund

Draw a pension

Transfer benefits

Defer benefits

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

Would you like to investigate a transfer of these benefits? (tick): Yes No

Please be aware: If you opt out or have previously opted out of the LGPS on or after 11 April 2015 and are entitled to a deferred benefit due to of opting out of the scheme in that employment (other than a concurrent employment) and later re-join the LGPS, you do not have the right to combine the two periods of membership.





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 My Pension Online which you can access via our website.

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 (%):





Nominee 3 Name:

Address:

Postcode:

Relationship:

Proportion (%):

Nominee 4 Name:

Address:

Postcode:

Relationship:

Proportion (%):

5. Declaration

By signing this form, I confirm that:

- I want to opt back in to the LGPS in the job(s) shown on this form.
- The information I have given on this form is accurate
- I've given information about my previous LGPS and non-LGPS pensions membership and understand that I have 12 months to investigate.
- I have read the information in section 3 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 my wishes.

Signed:

Date:

**Please return this form completed to your employer's payroll
or HR department.**

October 2025

