

Local Government Pension Scheme (Councillors) Notification of opt-in form

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

I opt to join the Local Government Pension Scheme (Councillor)

Member Details:

Full Name:						
NI Number:			Date of Birth:			
Address:						
,			Postcode:			
Email Address:			Telephone No:			
Council:				•		
Language Preference: I	wish to recei	ve ALL future corresponde	ence in (Please	√ the box	relevant	to you to show
your choice)		·	·			,
Welsh		English	Biling		gual	
Communications Prefe	rence: I wish	to receive ALL future corre	espondence in	(Please √ t	he box r	elevant to you to
show your choice) (Please select only ONE option)						
Electronic						
*Please make sure you have registered to use Member				Paper		
Self-Service to receive correspondence electronically:						
https://mss.clwydpensionfund.org.uk/home/login						
The post of the period of the first of the period of the p						
Your signature:				Date:		

You must return this opt-in form to your Council's Payroll Department