

Local Government Pension Scheme Notification of Opt-In Form

I opt to join the Local Government Pension Scheme

(Please note that you need to complete one form per job that you wish to opt in for)

Your details:

Full Name:			
NI Number:		Date of Birth:	
Address:			
		Post Code:	
Email Address:		Telephone No:	
Employer:		Payroll Reference No:	
Job Title:			
Language Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):			
Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>
		Bilingual	<input type="checkbox"/>
Communications Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):			
Electronic	<input type="checkbox"/>	Paper	<input type="checkbox"/>
*Please make sure you have registered to use Member Self-Service to receive correspondence electronically: https://mss.clwydpensionfund.org.uk/home/login/			

Your signature:		Date:	
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You must return this opt-in form to your Employer's Payroll Department