

Local Government Pension Scheme (Councillors) Notification of Opt-In Form

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

Your details:

Full Name:					
NI Number:		Date of Birth:			
Address:					
		Post Code:			
Email Address:		Telephone No:			
Local Authority:					
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"/>

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