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 receive **ALL** future correspondence in (Please ✓ the box relevant to you to show your choice)

Welsh	☐	**English**	☐	**Bilingual**	☐

Communications Preference: I wish to receive **ALL** future correspondence in (Please ✓ the box relevant to you to show your choice) **(Please select only ONE option)**

Electronic *Please make sure you have registered to use Member Self-Service to receive correspondence electronically: **https://mss.clwydpensionfund.org.uk**	☐	**Paper**	☐

Your signature:		**Date:**	

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