

Local Government Pension Scheme (Councillors)

Notification of opt-out form

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

What you need to know:

- Your council can't ask you or force you to opt out
- If you are asked or forced to opt out, you can tell the Pensions Regulator www.thepensionsregulator.gov.uk
- If you change your mind, you may be able to opt back in. Write to your council if you want to do this
- This form only opts you out of the pension scheme with the Council you name on this form
- You as the member should complete section A of this opt-out form. Please then send this form to your council's payroll department so they can complete section B.

Section A: (To be completed by the councillor)

Full Name:					
NI Number:		Date of Birth:			
Address:					
		Postcode:			
Email Address:		Telephone No:			
Council:		Payroll Reference No:			
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		

Declaration

- I wish to opt out of pension saving with the Local Government Pension Scheme (Councillor)
- I understand that if I opt out, I will lose the right to pension contributions from my council
- I understand that if I opt out, I may have a lower pension income when I retire
- I understand that I will not be covered for death in service or ill health retirement with enhancements
- If I am not eligible for a refund, I understand that my pension benefits in LGPS (Councillor) can't be paid to me until I am no longer a councillor and I reach pensionable age.

The above declaration is correct to the best of my knowledge.

Your signature:		Date:	
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Now return this form to your council's payroll department

Section B: (To be completed by the council)

Member's Name:	
Payroll Reference Number:	
Date became a councillor:	
Date joined LGPS as a councillor:	
Date opted out of LGPS as a councillor:	

Please tick one of the boxes below and provide relevant details:

☐	I confirm that the following amount was refunded by payroll for the above role: Amount refunded: £ _____
☐	No contributions were ever deducted in relation to the above role
☐	The member has over 3 months LGPS membership and a leaver form is attached

Council Details:

Form Completed by:		Certifying Officer:	
Contact Telephone No:		Date:	

Councils should return this form to the Clwyd Pension Fund once they have completed Section B
INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED TO YOUR PAYROLL DEPARTMENT