



Local Government Pension SchemeNotification 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

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

Member details:

Full Name:							
NI Number:			Date of Birth:				
Address:							
			Postcode:				
Email Address:			Telephone No:				
Employer:			Payroll Reference No:				
Job Title:							
Language Preference: your choice)	I wish to rec	ceive ALL future correspo	ondence in (Plea	ase √ t	he box rele	evant t	o you to show
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)							
*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 employer's payroll department