



Local Government Pension Scheme Previous LGPS & Public Sector Pensions

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

It is important that the Clwyd Pension Fund knows about any previous public sector pensions you have (including Local Government Pension Scheme). This is because it may affect how your pension is dealt with in the future. Please use this form to tell us about all previous pension membership that you have with any public sector schemes.

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| Member Details: | | | | | | | |
|---|---|------------------------------|-----------------|-----------------------------------|--------------|--|-----------------|
| Full Name: | | | | | | | |
| NI Number: | | Date of Birth | | | : | | |
| Address: | | | | | | | |
| | | | | Postcode: | | | |
| Email Address: | | | | Telephone No: | | | |
| Language Preference: I w | vish to receive | ALL future corre | espondence i | n (Please ✓ the l | box relevant | to you to sh | ow your choice) |
| Welsh | | English | | | | Bilingua | |
| Communications Prefere | ence: I wish to | receive All futu | re corresnon | dence in (Please | √ the hox r | elevant to vo | ou to show your |
| choice) (Please select on | | | re correspon | acrice iii (i icase | . THE BOX IV | cicvant to ye | ou to show your |
| *Please make sure you has Service to receive corresphttps://mss.clwydpensional I do not have any previous L | pondence eleconfund.org.uk GPS / Public Sec | tronically: | | if relevant to you | Pape): | er | |
| Previous LGPS & Public Sect | or Pensions: | | | | | | |
| Name of Previous Pension Administrator: | | | | te of Paying utions (dd/mm/yyyy): | | End Date of Paying Contributions (dd/mm/yyyy): | |
| Administrator. | IVallik | Number. Contri | | | | , ittibutions | (du/mm/yyyy). |
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| | | | | | | | |
| By completing thi from my previous I can confirm that | pension admi I have given t | nistrator he Clwyd Pensio | n Fund proof | of my date of b | irth | | out my pension |
| Please physically sign and | d date the forn | n betore returni | ing it to us. E | lectronic signati | | be used. | |
| Your signature: | | | | | Date: | | |
| This completed | | | | | | | |

Upload the forms through MSS 'Document Upload'



pensions@flintshire.gov.uk