



Local Pensions Partnership
Administration

Phone: 0300 323 0260

Web: lppapensions.co.uk

Contact us: lppapensions.co.uk/contact-lppa

Police Pension Scheme Opt-in Form

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Notes for Guidance

By completing this form, you are electing to join the Police Pension Scheme 2015.

Please read the following notes before completing all sections of this form.

Section A ~ Personal Details

Please provide full and accurate information including your National Insurance number and date of birth.

Previous surnames may be required in order to find previous pension rights.

Section B ~ Previous Pension Rights

As you **may** have the opportunity to transfer previous pension rights into the Police Pension Scheme it is essential that you let us know about any other pensionable service you may have, a personal pension or any other pension arrangement.

Please give us as much information as possible; if you have copies of correspondence from your previous pension arrangement you may find it easier to forward such copies.

Note:

Please note you only have 12 months from the point you originally join the scheme to transfer any previous pension rights. You will not be given the opportunity to transfer after this period unless your employer allows an extension to this 12 month deadline.



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Section A ~ Personal Details:

Full Name

Rank/Collar No.

Payroll Ref No.

Place of Work

Date of Appointment *DD/MM/YYYY*

NI Number

Date of Birth *DD/MM/YYYY*

Marital status

Single

Married

Divorced

Civil Partnership

Seperated

Widowed

Previous Surnames

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Section B ~ Previous Pension Rights:

It is important that you tell us, in the following section, if you have any previous pension rights that you may be interested in transferring. By filling in this section, you are only stating that you are interested in transferring; a transfer will not actually proceed until you have been given further information.

Remember, transfers can be made not only from other employers' pension schemes, but also from personal pension type schemes.

Previous Pension Scheme Membership

| Employing Body Name & Address | Job Title | Period of Employment | |
|-------------------------------|-----------|----------------------|----|
| | | From | To |

Personal Pension Type Policies

| Personal Pension Scheme Name and Address | Policy Number/s | Approximate Dates | |
|---|-----------------|-------------------|----|
| | | From | To |



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Tick this box if you do not have any previous pension rights. Please see note under Section B.

Please note that it may be a while before we receive the necessary information from the previous pension arrangement, therefore it may take a little time before we contact you.

I certify that the above particulars are correct and, if details of a transfer value are required from the bodies mentioned above, I give authority for Local Pensions Partnership Administration to request and obtain the necessary information from the appropriate body.

SIGNED

DATE

(DD/MM/YYYY)

Please send this form to your HR or Payroll department.