



# Dyfed Pension Fund

## Local Government Pension Scheme (LGPS) Opting In Election Form

Personal Details										
<b>Title:</b> (Please ✓)	<b>Mr</b>		<b>Miss</b>		<b>Mrs</b>		<b>Ms</b>		<b>Other</b>	
<b>Full Name:</b>										
<b>NI Number:</b>					<b>Date of Birth:</b>					
<b>Home Address:</b>										
							<b>Post Code:</b>			
<b>Personal Email Address:</b> (Essential)										
<b>Employer:</b>										
<b>Date Commenced Employment:</b>					<b>Employee Number:</b>					
<b>Job Title:</b>										

Election to Opt into the LGPS	
I wish to join the LGPS from the next available pay period:	(Please ✓ if appropriate)
<b>OR... I wish to join the LGPS from the following date:</b> (Please Enter Date if appropriate)	----- / ----- / -----

Language Preference	(Please ✓ the appropriate box to indicate your election)		
As a member of the LGPS, I wish to receive <b>ALL</b> future correspondence in:			
<b>WELSH</b>	<input type="checkbox"/>	<b>ENGLISH</b>	<input type="checkbox"/>
		<b>BILINGUAL</b>	<input type="checkbox"/>

Your Declaration			
<p>I have made an election to join the LGPS and I enclose my Declaration of Previous Pension Rights form, Death Grant Expression of Wish form and a copy of my Birth Certificate and Marriage Certificate/Civil Partnership Declaration (if applicable). I have indicated my language preference and I declare that the above information is correct to my knowledge. <b>PLEASE NOTE</b> that if you do not indicate your language preference above, ALL future correspondence will be sent to you a <u>bilingual format</u>.</p>			
<b>Signature:</b>			<b>Date:</b>
<b>Please return this form to your <u>EMPLOYER</u></b>			