



Dyfed Pension Fund

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

Personal Details										
Title: (Please ✓)	Mr		Miss		Mrs		Ms		Other	
Full Name:										
NI Number:				Date of Birth:						
Home Address:										
					Post Code:					
Personal Email Address: (Essential)										
Employing Authority:										
Pay Reference Number:										
Post Held:	COUNTY COUNCILLOR									
Date into Office:										

Language Preference				
(Please ✓ the appropriate box to indicate your election)				
As a member of the LGPS, I wish to receive ALL future correspondence in:				
WELSH		ENGLISH		BILINGUAL

Declaration		
(Please ✓)		
I wish to join the Local Government Pension Scheme (LGPS) from the next available pay period.		
OR... I wish to join the Local Government Pension Scheme (LGPS) from: (Enter Date)	----- / ----- / -----	
I enclose the Death Grant Expression of Wish form and a copy of my Birth Certificate and Marriage Certificate / Civil Partnership Declaration (if applicable). I declare that the above information is correct to my knowledge.		
Signature:		Date:

Please return this form to the Dyfed Pension Fund