

**Personal Details** 



## Declaration of Previous Pension Rights Form (PLEASE COMPLETE IN ALL CASES)

Miss

Mrs

Ms

Date of Birth:

Other

You MUST complete this form, whether you wish to transfer any previous pension rights into the Local Government Pension Scheme (LGPS) or not. You MUST declare any other LGPS rights you may have in England or in Wales and / or any other Public Service Pension Scheme rights.

Mr

The LGPS may accept transfers of pension rights from schemes in both the Private and Public sector. ALL applications must be made within 12 months of joining the LGPS. A transfer application outside this 12 month period may only be permitted by your Employer. Please note that your Employer will have formulated a policy on this matter. If you wish to consider a transfer of your pension rights, please read these notes and RETURN THIS FORM TO YOUR EMPLOYER WITHIN THE 12 MONTH LIMIT.

**Title:** (Please ✓)

| Full N   | Name:   |                  |  |  |        | NI Number: |    |  |    | Date of Birth: |     |    |  |
|--|---|------------------|--|--|--------|------------|----|--|----|----------------|-----|----|--|
| Hom  | Home Address:   |                  |  |  |        |            |    |  |    |                |     |    |  |
| Empl   | oyer:   | Employee Number: |  |  |        |            |    |  |    |                |     |    |  |
| Personal Email Address: (Essential)  |   |                  |  |  |        |            |    |  |    |                |     |    |  |
| 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:  |   |                  |  |  |        |            |    |  |    |                |     |    |  |
|  |   | WELSH            |  |  | ENGLIS | Н          |    |  |    | BILINGUAL      |     |    |  |
| PLEA   | PLEASE NOTE that if you do not indicate your language preference above, ALL future correspondence will be sent to you a bilingual format.   |                  |  |  |        |            |    |  |    |                |     |    |  |
|  |   |                  |  |  |        |            |    |  |    |                |     |    |  |
| Details of Previous LGPS Membership (Please use a separate sheet if required)  |   |                  |  |  |        |            |    |  |    |                |     |    |  |
| your<br>perio  | If you have other LGPS rights in England or Wales (including an in-house Additional Voluntary Contribution (AVC) plan), these may be automatically aggregated with your new period of membership, although you may have the option to retain separate. Please note that if you have more than one deferred benefit from an earlier period of LGPS membership (in the same or separate Funds), you must elect to either transfer <b>ALL</b> deferred benefits to the Dyfed Pension Fund or none at all.  Please specify ALL details of previous LGPS membership below. |                  |  |  |        |            |    |  |    |                |     |    |  |
| Name & Address of Pension Fund (or Administering Authority)  Period of Membership (DD/MM/YYYY)  In-house AVC plan? (<) |   |                  |  |  |        |            |    |  |    |                |     |    |  |
| 1  |   |                  |  |  |        | Fr         | om |  | То |                | Yes | No |  |
| 2  |   |                  |  |  |        | Fr         | om |  | То |                | Yes | No |  |
| 3  |   |                  |  |  |        | Fr         | om |  | То |                | Yes | No |  |
|  |   |                  |  |  |        |            |    |  |    |                |     |    |  |

| Details of Previous Membership to a Public Service Pension Scheme(s) |  |
|--|--|
|  |  |

(Please use a separate sheet if required)

If you have previously been a member of a **Public Service Pension Scheme**, you <u>MUST</u> specify these details below, regardless of whether you wish to transfer these benefits into the LGPS or not. If you wish to transfer these benefits and there has been a continuous **break in active membership of such a Scheme for more than 5 years**, any final salary link will be broken on transfer to the LGPS. However, a break of less than 5 years will mean that you retain that final salary link (should you choose to transfer these benefits into the LGPS). Membership of a **Public Service Pension Scheme** means active membership of a scheme covering Civil Servants, the Judiciary, Armed Forces, any scheme in England, Wales or Scotland covering Local Government workers, or Teachers, Health Service workers, Fire & Rescue workers, members of the Police Force or membership of a new Public Body pension scheme.

| Name & Address of Public Service Pension Provider |  | Period of Membership | Benefits Preserved? (✓) |  |    | Do you wish to consider a transfer? (<) |     |  |    |  |
|---|--|----------------------|-------------------------|--|----|---|-----|--|----|--|
| 1   |  |                      | Yes                     |  | No |   | Yes |  | No |  |
| 2   |  |                      | Yes                     |  | No |   | Yes |  | No |  |
| 3   |  |                      | Yes                     |  | No |   | Yes |  | No |  |

| Details of any other Previous Occupational Pension(s) / Personal Pension Arrangements (Please use a separate sheet if required) |                                    |                      |   |   |  |    |  |  |
|---|------------------------------------|----------------------|---|---|--|----|--|--|
|   | Name & Address of Pension Provider | Period of Membership | Employee Number(s) /<br>Policy / Plan Number(s) | Do you wish to consider a transfer? (<) |  |    |  |  |
| 1   |                                    |                      |   | Yes                                     |  | No |  |  |
| 2   |                                    |                      |   | Yes                                     |  | No |  |  |
| 3   |                                    |                      |   | Yes                                     |  | No |  |  |

## **Your Declaration**

I understand that I must complete this declaration form in ALL cases, whether I wish to transfer any previous pension rights or not. I understand that should I wish to retain my LGPS benefits separate, I will need to elect to do so with my former Administering Authority within 12 months of re-joining the LGPS (unless a Pre 2014 Member). I also understand that should I wish to transfer my pension rights from my previous Public Service Pension Scheme and I have had a continuous break in active membership of more than 5 years, my final salary link will be broken on transfer to the LGPS. I have indicated my language preference for ALL future correspondence and I will return this Declaration of Previous Pension Rights form to my Employer.

| Signature: | Date: |  |
|------------|-------|--|
|            |       |  |

If you wish to consider a transfer of your previous pension rights, please attach, if possible, a copy of a recent Benefit Statement issued by your previous provider(s).