## **Local Government Pension Scheme Previous LGPS & Public Sector Pensions**



It is important that the Dyfed 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.

Full Name:							
NI Number:				Date of	Birth:		
Address:							
				Postcod	e:		
Email Address:				Telepho	ne No:		
Language Preference:   w	ish to receive <b>ALL</b> fu	ture co	respondence in (Pleas	e ✓ the bo	ox relevant	to you to show y	our choice)
Welsh			English			Bilingual	
I do not have any previous Previous LGPS & Public Se	ector Pensions:		on benefits (please ✓ Start Date of Pa			nd Date of Payin	g
Administrator:	Number:		Contributions (c			Contributions (dd/mm/yyyy):	
Declaration:							
from my previous	pension administrat	or	nsent for the Dyfed Pe			formation about	t my pension
	-		ion Fund proof of my d				
Please physically sign and through My Pension Onlin			ning it to us. Electroni	c signatur	es cannot l	oe used unless r	eturning
Your signature:					Date:		

This completed form should be returned to the Dyfed Pension Fund using one of the following methods:

Electronic: Upload the forms through My Pension Online 'Document Upload'

Post: Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP

e-mail: pensions@carmarthenshire.gov.uk