

## LOCAL GOVERNMENT PENSION SCHEME (LGPS) STARTER FORM

**This form applies to ALL NEW EMPLOYEES and EXISTING EMPLOYEES who now wish to join or re-join the Hackney Pension Scheme.**

Once you have completed and signed Parts A to E please return this form to your employer / department / school together with your birth certificate or passport and marriage/civil partnership certificate or decree absolute if applicable. Your certificate(s) will be copied, certified, and forwarded with this form; the original(s) will be given back to you.

**With effect from 01/10/2012 all new employees MUST be enrolled into the LGPS.**

**Part A - For completion in all cases.**

Surname		Title	
Forename(s)		Sex	M/F
Date of Birth		NI No	
Address		Telephone number	
Previous Surname		Marital Status	
Name of Employer or School, if applicable		Job title	

Is this an additional employment: Yes  No

If YES please give details below if you are paying contributions to the LGPS

Job Title	Employer	Date employment Commenced

**Employee Declaration:**

I confirm that the details given above are complete and accurate.

**You have been admitted to the Local Government Pension Scheme (LGPS). If you wish to opt out please contact the Pension Administrators, Equiniti, on 01293 603 085 or obtain a form from their website <http://hackney.xpmemberservices.com/Home.aspx>**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part B – Details of Previous LGPS or Public Sector Pension Benefits – for completion in all cases.**

Please complete the section below with details of **all** previous LGPS or Public Sector Pension Scheme membership even if you have taken a refund.

Contact Name and Address for previous / current pension provider	Dates of membership		Contributions refunded	Pension/ Compensation paid
	From	To	Yes/No	Yes/No

In relation to your previous LGPS membership, have you or are you paying additional contributions in respect of any of the following contracts, that you wish to continue paying: -

Added Years	YES / NO
Additional Regular Contributions (ARC's)	YES / NO
Additional Pension Contributions (APC's)	YES / NO
Scheme AVC	YES / NO
FSAVC	YES / NO

**Part C – Aggregation of former LGPS Benefits**

Please complete the following:-

- 1) I have an LGPS deferred refund  
(Your LGPS deferred refund must be automatically joined together in the Care Scheme). Yes  No
- 2) I have an LGPS deferred benefit for membership which started after 31 March 2014.  
(Your former LGPS benefits will be automatically joined together in the Care Scheme unless you choose to retain separate benefits). Yes  No   
**I choose to retain separate benefits** (please complete the relevant box) Yes  No
- 3) I have LGPS benefits which started before 31 March 2014 and ended after 1 April 2014.  
(Your former LGPS benefits will automatically be joined together unless you choose to retain separate benefits). Yes  No   
**I choose to retain separate benefits** (please complete the relevant box) Yes  No
- 4) I have LGPS benefits which ended before 1 April 2014.  
(You may choose to have your benefits joined together). Yes  No   
**I choose to have my benefits joined together** (please complete the relevant box) Yes  No

**You have 12 months from the date of joining the Hackney Pension Scheme to decide on options 1 to 4 above. It is your responsibility to contact the pension administrator before the 12 month period has elapsed.**

Amalgamating your benefits may have consequences on your future benefits please contact the Pension Helpline @ 01293 603085.

**Employee Declaration:**

I confirm that I authorise Equiniti on behalf of Hackney Pension Scheme to obtain previous scheme membership details from the above mentioned LGPS or Public Sector authorities or administrators.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Part D – Details of Previous Pension Benefits**

If you wish to investigate a possible transfer of previous pension benefits other than the LGPS, please enter the details of previous / current pension schemes for which you were / are a member and attach copies of any personal notifications regarding the Schemes. Details regarding Personal Pension Plans can be included.

An application for a transfer of previous pension benefits must be made within 12 months of joining Hackney's Pension Scheme.

Contact Name and Address for previous / current pension provider	Dates of membership		Contributions refunded Yes/No	Pension/ Compensation paid Yes/No
	From	To		

Transferring your pension is a big decision and it is advisable to speak to your independent financial adviser (IFA) beforehand. If you do not have an IFA you can find one in your area by visiting – [www.unbiased.co.uk](http://www.unbiased.co.uk)

If you need to find pensions from your previous employment, you can contact the Pension Tracing Service on 0345 6002 537.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Part E – EXPRESSION OF WISHES - for payment of death grant**

The Local Government Pension Scheme provides for a lump sum death grant to be payable in the event of your death in service and allows you to nominate someone to receive this money. Although the Administering Authority, London Borough of Hackney, has absolute discretion to decide to whom this death grant may be paid, the Administering Authority has decided its policy will be to pay the death grant in accordance with your expression of wishes or if there is no valid nomination in force at the time of your death, to your Estate to be distributed in accordance with the terms of your Will, or if you did not make a Will, to your Personal Representatives (usually your next of kin). By completing this form, the death grant can be paid without deductions for inheritance tax.

You can cancel or alter this nomination at a later date if you wish by completing a new form.

**Please ensure that the nomination is witnessed.**

**This form allows for up to three beneficiaries but if you wish to nominate more beneficiaries please use an additional copy of this form.**

Name and Address of Beneficiary (use only capital letters)	Relationship (if any)	Date of Birth (if under 18)	Share of Benefit (%)

		<b>Total</b>	<b>100%</b>

## MEMBERS DECLARATION

I have read and understood the notes that accompany this form and hereby nominate the following beneficiary/ies to receive payment of any death grant payable in the event of my death.

I realise that although the Scheme Administrators will make their best efforts to comply with my wishes, they have absolute discretion when distributing this payment.

**This nomination supersedes any previous nomination**

<b>Members Signature</b>	<b>Date</b>
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Should you wish to nominate more beneficiaries, please complete an additional Expression of Wishes form, which can be obtained from Equiniti – Tel: 01293 603 085 or from their website <http://hackney.xpmemberservices.com/Home.aspx>

## Witness Declaration

The witness must not be related to the member, nor live at the same address nor be a nominated beneficiary.

**I declare that the member detailed above has completed and signed the above nomination(s) IN MY PRESENCE.**

FULL NAME OF WITNESS	ADDRESS OF WITNESS
WITNESS'S SIGNATURE	
DATE	

## DATA PROTECTION

Paymaster (1836) Limited t/a Equiniti Pension Solutions (as the administrator for the London Borough of Hackney Pension Fund) is responsible for protecting the public fund it manages. To do this we may use the information you give us or the information we hold about you to detect and prevent crime or fraud. We may also share this information with other organisations that inspect and manage public funds. For the purposes of the Data Protection Act 1998, Paymaster (1836) Limited is the data controller, to enable this we may use the information you give us relating to yourself or your dependants, or the information we already hold about you or your dependants to detect and prevent crime or fraud.

If you have provided personal details relating to your nominated beneficiaries, you should advise them you have done so.

**Part F – For completion by the Employer / School in ALL cases**

Was this starter form created following a TUPE transfer

Yes

No

If Yes

Name of Previous Employer	Address of Previous Employer

**Current employment details**

Name of Employer / School			
Job Title		Payroll No	
Actual Pensionable Pay	£		
Date Employment Commenced on			
Date Contributions Commenced on		(The above is not the date the first deduction was made but the date contributions were effective from)	
Contribution % rate ( <b>must</b> be main scheme contribution rates only)			

**Employer Declaration**

I certify that the details given in Part E of this form are correct and that the National Insurance Number given in Part A agrees with that held on the payroll records.

Signed, on behalf of Employer \_\_\_\_\_  
(*Authorised signatory*)

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

When completed please return this form to Your Payroll Department,

and a copy to Equiniti using the secure up-load facility, Sharefile,

or by post to: London Borough of Hackney Pensions, Equiniti, Russell Way, Crawley, West Sussex RH10 1UH