

Local Government Pension Scheme (Scotland) Election to Join

Personal Details				
Title: (please circle) Mr / Mrs / Miss / Ms / Other (please specify)				
Surname:		First Name:	·	
National Insurance Nu	mber:			
Home Address:				
		Postcode	:	
Tel Number:		Mobile Numb	er:	
E-mail Address:				
Employment Details				
Employer:				
Job Title:			Payroll Number:	
ALL of your posts, please tick here. However, if you would only like to opt into the scheme for some but not all of your posts, please indicate in the box below the details of the post(s) you would like to be brought in on. Job Title – Post 1: Payroll reference (if known): Job Title – Post 2: Payroll reference (if known): Job Title – Post 3: Payroll reference (if known):				
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