

# Membership Form

(All fields marked\* must be completed)

## Section 1 Your Personal & Employment Details (Please enclose copies of your birth and marriage certificates)

Title* (Mr/Mrs/Miss/Ms)	<input type="text"/>	Forename(s)*	<input type="text"/>	Surname*	<input type="text"/>
Date of Birth*	<input type="text"/>	National Insurance Number*	<input type="text"/>		
Address*	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Post Code*	<input type="text"/>				
Email	<input type="text"/>	Telephone	<input type="text"/>	Home	<input type="text"/>
				Work	<input type="text"/>
Status*	<input type="text"/>	(Single/Married/Civil Partnership/Divorced/Dissolved Civil Partnership/Widowed/Cohabiting/Other – please state)			
Employer*	<input type="text"/>		Payroll Number	<input type="text"/>	
Job Title*	<input type="text"/>		Copy Birth/Marriage Certificate/Passport Enclosed (please tick box if copies enclosed)	<input type="checkbox"/>	

Please complete **Section 2** if you have previously been a member of the Local Government Pension Scheme (Scotland), including Fife Pension Fund then you **must** complete and indicate clearly whether the pension rights were refunded, transferred, deferred or in payment; or are held as an unclaimed refund.

Please complete **Section 3** if you have been a member of a public service pension scheme.

If you have been a member of any other pension arrangement, please complete a **Request for Transfer Details Form** available from our website at [www.fifepensionfund.org](http://www.fifepensionfund.org)

## Section 2 Your Previous Membership of the Local Government Pension Scheme (LGPS Scotland)

### Previous Local Government Pension Fund 1

LGPS Fund	<input type="text"/>	<b>Which of the following actions did you take when you left?</b>			
Address	<input type="text"/>			Unclaimed refund	<input type="checkbox"/>
	<input type="text"/>	Contributions refunded	<input type="checkbox"/>	Transferred my benefits	<input type="checkbox"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>	Receiving a pension	<input type="checkbox"/>
				Deferred my benefits	<input type="checkbox"/>

Would you like Fife Pension Fund to investigate a transfer? Yes  No

### Previous Local Government Pension Fund 2

LGPS Fund	<input type="text"/>	<b>Which of the following actions did you take when you left?</b>			
Address	<input type="text"/>			Unclaimed refund	<input type="checkbox"/>
	<input type="text"/>	Contributions refunded	<input type="checkbox"/>	Transferred my benefits	<input type="checkbox"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>	Receiving a pension	<input type="checkbox"/>
				Deferred my benefits	<input type="checkbox"/>

Would you like Fife Pension Fund to investigate a transfer? Yes  No

### Section 3 Your Previous Membership of any Public Service Pension Scheme

Have you ever paid into a public pension scheme \*  
see Additional Notes

Yes

COMPLETE  
BELOW

No

GO TO  
SECTION 4

#### Previous Public Service Scheme 1

Name

Address

Post Code

Membership/Policy Number

Start Date

End Date

When you left this pension scheme which of the  
following actions did you take?

Took a refund

Transferred my benefits

Received a pension

Deferred my benefits

Would you like Fife Pension Fund to investigate a transfer?

Yes

No

#### Previous Public Service Scheme 2

Name

Address

Post Code

Membership/Policy Number

Start Date

End Date

When you left this pension scheme which of the  
following actions did you take?

Took a refund

Transferred my benefits

Received a pension

Deferred my benefits

Would you like Fife Pension Fund to investigate a transfer?

Yes

No

### Section 4 Your Declaration and Signed Authority

The details on this form are correct to the best of my knowledge. Failure to complete this form correctly may affect my future benefits. I authorise the schemes involved to provide Fife Pension Fund with any information required.

Signature\*

Date\*

# Membership Form

## Supplementary Notes



- Please enclose photocopies of your birth and marriage certificates
- Please quote your National Insurance number in correspondence
- Please quote your preferred email address – this can be your home or work address

### **If you have previous LGPS pension rights**

- If you re-join the LGPS and have a deferred refund from an earlier period of membership, please complete **Section 2** with the details. Your previous pension rights must be automatically aggregated with your new membership.
- If you re-join the LGPS and have a deferred benefit from an earlier period of membership, please indicate in **Section 2** the details of the deferred benefits and indicate whether you would like to investigate a transfer by ticking the relevant box.
- If you wish to retain separate benefits, you must elect to do so within 12 months, unless your employer allows you longer. Please indicate in **Section 2** the details of the deferred benefits and indicate that you would not like to investigate a transfer by ticking the relevant box.

### **If you have previous pension in any Public Service Pension Scheme (NHS, Police, Fire, Teachers, Civil Service, Local Government in England & Wales, Judiciary and Armed Forces)**

- It is very important that you declare all periods of pension scheme membership on this form – your future pension entitlement may be affected if you don't. Please indicate in **Section 3** the details of the deferred benefits and indicate that you would not like to investigate a transfer by ticking the relevant box.

### **If you have pension rights in any other pension arrangement?**

If you wish to consider a transfer from any other pension arrangement, please visit [www.fifepensionfund.org](http://www.fifepensionfund.org) and go to the forms and publications section where you can download a **Request for Transfer Details form**. You must apply within 12 months of joining the LGPS.

Please complete and return your Membership Form to:  
**Fife Pension Fund, Fife House, North Street, Glenrothes, Fife, KY7 5LT**