**LOCAL GOVERNMENT PENSION SCHEME 2014 - OPT-OUT NOTIFICATION - Please complete**

**this form for members who have opted out within three months of joining and have received a refund**

**through payroll.**

|  |  |
| --- | --- |
| **TRUST OR EMPLOYER NAME** |  |
| **\*NAME OF SCHOOL OR ACADEMY** (if applicable) |  |
| **PAY REFERENCE** |  |
| **POST NUMBER** |  |

**Please complete this form using black ink**

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | |
| SURNAME |  | | | | FORENAMES | |  | | |
| TITLE | Mr / Mrs / Miss / Ms / Other | | | | DATE OF BIRTH | |  | | |
| ADDRESS |  | | | | | | | | |
|  | | | | | | | | | |
| POSTCODE | |  | | NI NO: | | | | | |
| **E-MAIL** | |  | | | | | | | |
| **DATE MEMBER COMMENCED LGPS CONTRIBUTIONS** | | | | | |  | | | |
| **CONTRIBUTION RATE AT DATE OF LEAVING THE SCHEME** | | | | | |  | | | |
| **DATE CEASED LGPS CONTRIBUTIONS** | | | | | |  | | | |
| **DATE CONTRIBUTIONS REFUNDED**  **THROUGH PAYROLL** | | | | | |  | | | |
| **Please attach a copy of the member’s signed LGS1E opt-out form to this notification.** | | | | | | | | | |
| **\* NAME OF SCHOOL OR ACADEMY: If you are a trust providing a service on behalf of a school or   academy please provide the name of the school or academy in this box.** | | | | | | | | | |
| **COMPLETED BY** | | | | | | | | | |
| **SIGNED** | | |  | | | | | **DATE** |  |
| **NAME OF AUTHORISED**  **SIGNATORY** | | |  | | | | | | |
| **POSITION** | | |  | | | | | | |
| **TEL. NO** | | |  | | | | | | |