

Joiner pack

Your employer gives you a joiner pack
when you join the
Local Government Pension Scheme (LGPS).

Contents

Personal details declaration form:

enables you to give us your personal details and to express an interest
in a transfer of previous pension rights.
A transfer can only be requested within 12 months of joining the scheme.

Expression of wish for payment of death grant form:

enables you to express who you wish to receive
a lump sum death grant of 3 times your pay in the event of your death.

PERSONAL DETAILS DECLARATION FORM

Local Government Pension Scheme



This form is not an application to join the scheme. All scheme members must complete the form as failure to do so may result in a delay in the payment of future benefits, or the ability to accept transfers into the scheme. The form must be completed, printed, signed and returned to the Pension Section.

Personal details

National Insurance number			
Surname		Forename(s)	Title
Date of birth		Please enclose a photocopy of either your birth certificate or passport	
Personal email address			
Status:	<input type="checkbox"/> Single		
	<input type="checkbox"/> Married	Date of marriage	
	<input type="checkbox"/> Civil partnership	Date registered	
	<input type="checkbox"/> Divorced	Date divorced/dissolution	
	<input type="checkbox"/> Widow/er	Date widowed/ered	

Survivor pensions are automatically provided to your spouse, registered civil partner and eligible cohabiting partner (subject to certain criteria). Find further information at www.kentpensionfund.co.uk

Job title		Date joined scheme	
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Details of any previous pension scheme rights

You may be able to transfer pension rights to the Kent Pension Fund from other pension schemes or other local authorities. You may also transfer from one employer to another within the Kent Pension Fund. **A 12 month time limit applies to transfers.** Visit www.kentpensionfund.co.uk for further information.

Name of previous pension provider(s)	Place of employment and post held	Date started	Date ceased	Are you interested in investigating a transfer?	Were you paying additional contributions?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature		Date	
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(Please **manually** sign even if you have no previous pension rights to declare – **Please do not complete your signature electronically**).

Please return form to: Kent County Council, Pension Section, Sessions House, County Hall, MAIDSTONE, Kent ME14 1XQ

Privacy notice

In order to administer the pension scheme, we collect, hold, process and share personal data. For further information read our privacy notice on the Kent Pension Fund website – www.kentpensionfund.co.uk/privacynotice

EXPRESSION OF WISH FOR PAYMENT OF DEATH GRANT

Local Government Pension Scheme

**Kent
County
Council**



Under the above regulations it is possible that there may be a death grant due in the event of your death. You can, if you wish, complete this form indicating who you wish the payment of any grant to be made to. Please read the following notes before completing the form.

<input type="checkbox"/>	Kent County Council, as the authority responsible for administering the pension scheme, has absolute discretion as to whom any death grant is paid (thus ensuring that there is no liability for inheritance tax on this payment). Generally, the Council will pay to the nominated beneficiaries shown on the Expression of wish form. However, the Council is required to consider all relevant information in reaching the decision about whom it will pay and consequently, and in exceptional circumstances it will consider payment to beneficiaries, other than those, specified on the Expression of wish form.
<input type="checkbox"/>	If no Expression of wish form has been completed payment of any death grant due will be made under the absolute discretion of the authority.
<input type="checkbox"/>	You may nominate any person, whether or not they are related to you or are financially dependent on you. You may also nominate a company, charity, club or a society if you so wish.
<input type="checkbox"/>	You may choose more than one nominee. However, if you do so you must state what share of the death grant payment each nominee is to receive. The total shares must add up to 100% of the death grant payment.
<input type="checkbox"/>	You cannot use this form to make conditional nominations, e.g. "50% to x if y dies before him".
<input type="checkbox"/>	Your nomination may be revoked by writing to Kent County Council, Pension Section, Sessions House, County Hall, Maidstone, Kent ME14 1XQ. A subsequent nomination may then be made using a further nomination form which can be obtained from www.kentpensionfund.co.uk/nom
<input type="checkbox"/>	If at the date of your death your nominee is a minor (i.e. under 18 years of age) we will be unable to make payment of any death grant due unless a trust or some other suitable arrangement has been set up.

If after having read the notes you wish to make an Expression of wish, complete the appropriate sections overleaf.

You may wish to keep this information for reference.

EXPRESSION OF WISH FOR PAYMENT OF DEATH GRANT

Local Government Pension Scheme (LGPS)



Complete this form to choose your nominees to receive your LGPS lump sum death grant. **If you are over age 75, a lump sum death grant is not payable so do not complete this form.** The form must be completed, printed and signed.

We use your expression below on all your LGPS pension records that we administer.

Your personal details

Surname		Forename(s)	
National Insurance number		Date of birth	
Home address including postcode			
Personal email address			

Your nominee details

I wish Kent County Council Pension Section, in the exercise of its absolute discretion, to consider paying any death grant due under the LGPS to the nominee(s) shown below and in the percentage shares indicated. This form revokes any previous expression of wish made by me.

Name of beneficiary	Relationship to you (if applicable)	Percentage share
		%
		%
		%
	TOTAL	100%

Percentage shares must add up to a total of 100%. If you wish to nominate more than 3 beneficiaries, please use an extra sheet. Quote your National Insurance number and sign and date the extra sheet.

Signed		Date	
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Please return this form to:- Kent County Council, Pension Section, Sessions House, County Hall, Maidstone, Kent ME14 1XQ

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