

# OPT IN FORM

## LOCAL GOVERNMENT PENSION SCHEME (LGPS)



Kent Pension Fund

Complete this form if:

- you want to opt into the LGPS (Pension saving), or
- you are already in the Scheme and wish to move from the main section to the 50/50 section, or
- you are already in the Scheme and wish to move from the 50/50 section to the main section.

A separate form is required for each post you may have.

**DO NOT** send this form to the Pension Section. Give this form to your employer who will keep records and forward it to their payroll provider. Print the form, complete it, sign the declaration, and give it to your employer.  
It is important to complete all details and in BLOCK CAPITALS in **BLACK** ink.

### Your Personal Details

Surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Date of birth	<input type="text"/>
National Insurance number	<input type="text"/>		
Home address (including postcode)	<input type="text"/>		
Personal email address	<input type="text"/>		
Employer name	<input type="text"/>	Payroll reference number (if known)	<input type="text"/>
Job title of the post in which you want to opt into the LGPS	<input type="text"/>		

A separate form must be completed for each post that you hold

You can view further information about the scheme at [www.kentpensionfund.co.uk](http://www.kentpensionfund.co.uk) or ask your employer.

Please sign the declaration for **EITHER** option 1 – Main section **OR** option 2 – 50/50 section.

If your election is unclear, you will be entered into the main section.

#### OPTION 1 - Opting into the MAIN section

- You pay full contributions
- You build up your pension at full rate
- You build up survivor's pension at full rate
- A full death grant lump sum is payable
- Full ill-health enhancements may be applied
- You can opt for the 50/50 section at anytime
- Your employer contributes at their full rate

#### Declaration

I confirm that I wish to be a member of the LGPS, in the main section, and request that pension contributions commence from the next available pay period following the date of this election (or my first day of employment if signed before the above employment begins).

Signature:

Date:

#### OPTION 2 - Opting into the 50/50 section

- You pay half contributions
- You build up your pension at half rate
- You build up survivor's pension at full rate
- A full death grant lump sum is payable
- Full ill-health enhancements may be applied
- You can opt for the main section at anytime
- Your employer contributes at their full rate

#### Declaration

I confirm that I wish to be a member of the LGPS, in the 50/50 section, and request that pension contributions commence from the next available pay period following the date of this election (It is not possible to opt into the 50/50 section before the above employment begins).

Signature:

Date:

**Please ensure you sign only one of the options and return the completed form to your employer.**

#### 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](http://www.kentpensionfund.co.uk/privacynotice)